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Number 8, in 1881.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **FEBRUARY, 1880.** **Number 1.**

Prefatory.—Our Object.

When a new journal makes its bow of introduction as it first comes before the public, it is proper that it should state the cause of its existence; and especially when it asks for a circulation in the medical profession.

The Medical Annals is not pretentious in its aims. Its origin can be very briefly stated. In 1864 the Transactions of the Albany County Medical Society, from its beginning in 1806 to 1851, were published. Six years later a second volume was published, bringing the printed Transactions of the Society down to 1870. Ten active years have elapsed, accumulating material to make a volume larger than either of these, much of which has been of interest enough to find a place in various medical journals. Instead of printing this in a volume at once, it is proposed to issue it in parts, for which other societies furnish us a precedent. In connection with this the current minutes will be printed. This is the paramount object of the periodical. A modest attempt at journalism, in the way of items of local and general interest, notes of the Alumni of the Albany Medical College, hospital notes, and the like, will be added. As the Committee of Publication acquire experience as editors, they may enlarge the Journal, and add even more than this.

There is no idea on the part of the projectors that "a long felt want" is going to be filled. Forbid that we should use a term, except in jest, that has become a by-word as applied to medical schools and journals. Nevertheless, a local journal may find a place.

Albany, with a population of well on toward a hundred thousand, (the cities of Troy and Cohoes being closely adjacent,) containing several hospitals, and a medical college whose graduates number 1,500, having a County Society contesting Erie for the third place in membership in the State, and having no similar accumulation of favorable conditions nearer than the extreme South and West of the State, while to the North and East its range is still greater, might reasonably be a place for a local medical journal. Without venturing to claim being even this now, yet here are arguments, or apologies if you please, for the start of this periodical, such as it is. There is room for it to become more than the mouth-piece of this County Society only; it may gather material from its wider field, which will be better for having a home flavor. It may stimulate the profession of this locality, it may gather a good deal that would be otherwise lost, and find a legitimate home place, without usurping at all the work of more pretentious journals.

But at first we will content ourselves with what we have outlined, believing that so marked a characteristic of the profession as modesty, and one which we all delight in seeing exhibited by our associates, will bring its own reward, and pave the way for somewhat greater things.

Whilst it is intended to print the MINUTES of the Society in all essentials, liberty will be taken with the form in which they appear on the Society record, especially with the current proceedings; for it is well not to be oblivious of the fact that "minutes," as such, are not at first blush attractive. Papers and their discussion will be made prominent; local and transitory detail of Society machinery abbreviated or omitted.

CURRENT PROCEEDINGS

OF THE

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Semi-monthly meeting, held November 19, 1879.

Present—Dr. John M. Bigelow, President; Drs. W. H. Bailey, Bartlett, Case, Collier, Cook, Curtis, Du Bois, Featherstonhaugh, Fellows, Hale, Healey, Huddleston, La Moure, M. J. Lewi, Lewis, March, McAllister, Merrill, Murray, Perry, Ritzman, Shanks, Starkweather, Steenberg, Stonehouse, Townsend, Trego, Ullman, Van Alstyne, S. O. Vanderpoel, Jr., Van Derveer, Van Slyke, Van Vranken, Ward, and Woodward.

The President made the following introductory remarks:

GENTLEMEN: In assuming the office of President of this Society, I thank you for the honor conferred on me, an honor especially esteemed as representing the Presidency of a County Medical Society ranking fourth in membership in the State, and whose age, nearly fourscore years, has established its worth. To secure mutual instruction, and social entertainment and acquaintance, is the object of our semi-monthly meetings. I ask your cordial support; not only by your presence, but also by the personal contribution of reports of cases, of papers on medical subjects, of participation in the discussions of matters pertaining to medical science, and by presentation of pathological specimens. The suggestions of my predecessor, which have been embodied in appropriate resolutions, and sanctioned by your approval, I trust will be reinforced by our earnest and unanimous efforts for the best interests of this Society.

Dr. T. K. Perry made a report, as chairman, of the standing Committee on Registration, which was adopted.

The report showed that the *Medical Register* of the Society for 1879–80 had been printed without expense to the Society.

Also that twenty new names had been added to the Chronological List during the time it had been in their charge.

A communication was received from Dr. W. G. Tucker, Secretary of the Armsby Memorial Committee, conveying an invitation to the Society to be present at the unveiling of the memorial column erected to Dr. James H. Armsby, in Washington Park, on the 25th November, 1879.

A motion was adopted that the Society attend the ceremony in a body.

The President announced the following appointments for Standing Committees:

Committee on Hygiene and the Relations of the Profession to the Public.—Drs. J. S. Mosher, chairman; D. V. O'Leary, W. G. Tucker, J. U. Haynes, F. C. Curtis, D. H. Cook, P. B. Collier.

Committee on Registration.—Drs. J. B. Stonehouse, chairman; T. K. Perry, Lorenzo Hale.

Committee on Pathology.—Drs. A. Van Derveer, chairman; S. B. Ward, J. H. Blatner, E. Van Slyke, W. J. Lewis, O. H. E. Clarke, A. T. Van Vranken, F. Townsend, S. O. Vanderpoel, Jr.

The President stated that the Society had received instalments of the printed minutes of the Medical Society of the State of New York.

On motion of Dr. S. B. Ward, the Secretary was instructed to acknowledge their receipt, and send the thanks of this Society to the Society of New York County.

On motion of Dr. F. C. Curtis, the Secretary was instructed to send copies of Vol. II of the printed Annals of this Society to the public medical libraries and to the various local libraries, hospitals, and scientific associations; also to present a copy to all who have joined the Society within the year. The price of the volume was also reduced to one dollar.

MENINGEAL HEMORRHAGE.

Dr. S. B. Ward exhibited a specimen from the brain of a

patient who died of Meningeal Hemorrhage, with the following history:

The patient was a female, aged about thirty; had one living child, and one premature labor at seven months. Both she and her husband were temperate. Neither was the subject of any hereditary taint or specific disease.

At about twelve o'clock last Sunday night the husband was awakened, and found that his wife had been vomiting in bed and was unconscious. Dr. R. H. Sabin, of West Troy, was called. The next day the patient was bled from the arm. It was observed that the blood clotted rapidly. Nothing abnormal was detected in the urine. The diagnosis of apoplexy was made. Patient died on Tuesday morning.

An autopsy was held next day. There was a general congestion of the veins on the convex surface of the brain. The arachnoid was thickened and opaque in two places, each about the size of a silver quarter-dollar, and in just the locality where the patient had complained of severe and persistent headache. The dura mater was adherent to the arachnoid over the longitudinal sinus. The circle of Willis was perfect, and the coats of the vessels could not, on careful examination, be found to be diseased in any portion of the brain. Between the lateral halves of the cerebrum clotted blood was seen, covering the corpus callosum and extending over the anterior border. Both lateral ventricles were filled with clots and bloody effusion of a syrupy consistency. The third ventricle contained a small clot, but none of the syrupy fluid. There was no extravasation in the fourth ventricle.

The source of the hemorrhage was found in a rupture of the anterior cerebral artery on the left side, about one-eighth of an inch in front of the anterior communicating, immediately under the arachnoid, and not in the substance of the brain. The blood had passed up over the anterior border of the corpus callosum to reach its superior surface, and then had broken directly through into the lateral ventricles, reaching the third ventricle through the foramen of Monro. The clot weighed a little over an ounce and a quarter. Through the kindness of Dr. Stonehouse, all arterial branches radiating from the seat of the hemorrhage were tied, excepting one, and by the blow-pipe the seat of the rupture was demonstrated. The specimen exhibited to the Society was the portion isolated by the ligatures.

The affection is rare, and especially so at the age of thirty.

Dr. J. B. Stonehouse said that he was present at the autopsy. He believed that the hemorrhage was very unusual, both in respect to its location and in respect to the age of the patient. He hoped that Dr. Sabin would soon report the case more fully, and give light upon the previous history of the patient.

Society adjourned.

LORENZO HALE,
Secretary.

Semi-monthly meeting, held December 3, 1879.

Present—Dr. J. M. Bigelow, President; Drs. Bartlett, Brooks, Collier, Cook, Curtis, Du Bois, J. D. Featherstonhaugh, T. Featherstonhaugh, Fellows, Geoghegan, Hale, Healey, Huddleston, La Moure, M. J. Lewi, Mereness, J. S. Mosher, Murray, O'Leary, Ritzman, Sabin, Seger, Steenberg, Stonehouse, Ten Eyck, Ullman, Van Derveer, and Woodward.

UTERINE ANTEFLEXION.

Dr. Harriet A. Woodward reported the following case:

The patient is a multiparous married woman, aged 20. She has suffered severe headaches from childhood. At the age of 15 she worked in a laundry, and being quite tall, the pressure, as she leaned over her iron, came upon the hypogastrium. Her headache increased, and inflammation of the eyes, with ache of the face, came on.

Menstruation first appeared at the age of 16. It was always scanty, painful, and recurred every three weeks.

At the age of 17 she married. When about the age of 20 she consulted several prominent physicians, who diagnosticated congenital anteflexion, and advised an operation.

She was first seen by Dr. Woodward in February, 1878. She found the uterus anteflexed at an acute angle, the fundus being in close proximity to the cervix, the superior portion being nearly on a level with the os tincæ. The uterine canal thus obstructed would not admit the sound beyond the internal os, but the fact that the fundus would yield somewhat to pressure was the basis of a favorable prognosis.

The treatment was simple, but none the less successful. By making firm pressure and traction, the contracted tissue of the uterus was extended as much as possible, and then the fundus was supported by a ring pessary. Weak solutions of carbolic acid or of compound tincture of iodine were frequently applied. The patient was treated twice a week for six weeks. After the manipulation had been repeated a few times, the fundus could be elevated above the pubic bone sufficiently to be retained by external pressure on the abdomen while traction was made on the cervix. Menstruation became more abundant and less painful. The intervals of treatment, after six weeks, were prolonged to a week, then to ten days, and after a time to several weeks. She became pregnant, and was delivered, with a normal labor, at full term, and has since done well.

Generally, in treating anteflexion, Dr. Woodward prefers to dispense with pessaries, bandages, or other supporters, which often cause wasting of muscles, already weak.

Discussion.

The PRESIDENT said he had seen the case reported previous to treatment, and the description hardly equaled the severity of the case. Anteflexion was very acute, and there was almost complete atresia of the uterine canal. The successful result reflects credit on Dr. Woodward's management.

Dr. A. VAN DERVEER said he had lately seen good results from the use of electricity in uterine flexions. Anteflexions, particularly, had yielded to the constant current.

He exhibited Campbell's spring pessary, which he had recently used. A straight, but very flexible metallic spring, sheathed with soft rubber tubing, is introduced into the flexed uterus, by means of a tent-introducer. The tendency of the spring to straighten operates to correct the flexion. It is to be removed during menstruation.

He exhibited another stem-pessary, with adjustable shoulder to support the os, and an external looped branch to apply over the pubis. The inventor of this he did not know. He had not used it, and would not recommend it.

Dr. R. H. SABIN spoke of an improvised pessary he had removed from a patient, made from the wire handle of a

wooden pail. Extensive vaginal ulceration had been produced by it.

Dr. M. J. Lewi said that the result of the original treatment in the case reported is subject for congratulation. Schultze contends that there is no pathological anteflexion, whilst Schrœder and Cohnstein claim that congenital flexions are the result of pathological excess of physiological formation. Schrœder used a pessary for flexions made of a bone stem with a wooden knob. This stem was introduced by bringing the cervical canal on an axis with the flexed body of the uterus, and the organ, in case of anteflexion, was retroverted; by plugs of lint the knob was retained in position, and after two or three days the retroversion was converted into a normal uterine position.

Dr. D. H. Cook mentioned a case of anteflexion which had resisted a variety of treatment. Coming under his care, he forcibly dilated the cervix, and introduced a simple stem. It would not, however, remain in the canal. With the assistance of Dr. Boyd, he again dilated the canal, the patient being etherized, and applied Thomas' latest stem and cup pessary, the stem of which allows the uterus to be normally movable. The head of the pessary had twice left the cup. This pessary had never been removed, and had been worn ten months. He had intended to remove it some weeks before, but at patient's request he let it remain. He had sometimes dilated the cervical canal, simply, with a view to relieve sterility and the anteflexion by the ensuing pregnancy.

Dilatation in the case mentioned had been effected by a tent, followed by forcible dilatation, under ether. He found no difficulty in readjusting the stem of the Thomas pessary to the cup.

Dr. Vanderveer said that Herrick's pessary, and even the soft elastic ring pessary, have produced extensive ulceration of the vagina when worn for a long time. Next in frequency to the ring, he used Higbee's pessary, but he always removes a pessary in about two months.

Dr. Sabin thought soft rubber pessaries ought to be

avoided, on account of their offensive odor. He allowed pessaries to be worn for seven or eight months. If pregnancy supervenes, they should not be retained later than the third month.

Dr. Woodward had removed a pessary, introduced by another physician, for retroversion, which had been worn a year and a half. There was severe ulceration, and the retroversion was very great.

Dr. A. P. Ten Eyck said a pessary should not remain longer than eight weeks. We should give the uterus a chance to stand alone. The pessary should be removed, further, for the purpose of cleansing and disinfection.

Dr. Cook thought that thymol, or other disinfectant solutions. could be used to as good advantage with the pessary in position. They should be injected with a syringe, so as to distend and reach throughout the vaginal canal.

FRACTURE OF THE FEMUR OF THE CHILD IN BREECH PRESENTATION.

Dr. A. P. Ten Eyck reported a case in which this accident occurred. He said that in a practice of thirteen years, in which he had met with a good proportion of difficult labors, this undesired fortune had occurred for the first time.

In August last he was called upon to attend a primipara, aged 20. He found a breech presentation, in the left sacro-iliac position. The waters had escaped. The labor proceeded rapidly until the nates reached the pelvic floor, when, although the pains were still severe, there was for a time no advance. He then introduced an index finger into either groin of the child, and drew down gently, making some progress at each effort at intervals of two minutes. After five or six efforts in this way, while making traction in the same direction again, suddenly he heard a report and felt a shock, which indicated to him that a thigh was fractured.

He continued his efforts, and soon delivered the patient of a large, living child, with a broken leg.

He dressed the fracture at once with pasteboard splints and adhesive plaster, and secured a perfectly sound and straight limb.

An unpleasant feature of such cases is the effect on the minds of friends produced by the occurrence of such an accident.

Dr. P. B. Collier reported a case of the same nature:

A primipara, aged 32, was taken in labor at full term. The first stage lasted thirteen hours, at the end of which time the breech was found presenting in the left sacro-iliac position. After the second stage of labor had lasted thirteen hours, although the pains had occurred regularly, the breech had only advanced about midway toward the inferior strait, having changed to an inclined presentation, the left hip presenting. The patient was prostrated, and as fœtal movements had ceased for some hours, there was good reason to believe the child dead. The pains, also, had become irregular.

Traction was made on the child by means of the index finger in the groin, during the pains, moderate force being used. This was kept up for three hours, by which time the presenting part had reached the perineum. At this time, while traction was being made in the same way during a strong pain, the thigh fractured. Traction was continued, but soon changed to the right groin, which had come down, and the child was delivered thirty-one hours after the onset of labor, weighing ten and a half pounds. The heart was pulsating feebly, and there was a nearly transverse fracture of the left femur at the upper third. A pasteboard splint, well padded, was applied from the knee to the trochanter externally, and to the groin internally, nearly encircling the limb, which was bound to its fellow to prevent motion. There was plastic union on the fifth day, and complete union on the fifteenth, when the splint was removed. There was slight swelling for two or three days. There was no shortening or deformity, and the child, now four and a half years old, does not show any indication that fracture ever existed. The provisional callus, existing for some time, is no longer perceptible.

Discussion.

Dr. Van Derveer said that in fracture of the femur in the newly born, the prognosis is usually favorable. A much more unfortunate accident is dislocation of the hip. He had seen in consultation more cases of fracture of the humerus in large children than of the femur. Is there, after all, such haste to deliver the shoulders after the head is delivered?

How long is it safe to wait, after the head is delivered, before delivering the shoulders? He had known a delay of twenty-five minutes.

Discussion on this point was participated in by Drs. J. S. Mosher, Mereness, M. J. Lewi, Fellows, Cook, and others. The general opinion was that after birth of the head there is no more pressure on the cord than before. The placenta may, however, be detached, and the length of time we may wait depends on whether or not the child breathes; and that moderate traction may be made on the head, neck and shoulders, taken as a whole.

Dr. Mosher remarked that the reason why fracture is more frequent of the humerus than of the femur is because head presentation is more common than breech.

Dr. Ten Eyck asked what precautions can be taken to avoid fracture of the femur or humerus during delivery.

Dr. Van Derveer said he was once called to dress a humerus fractured in delivery by a distinguished obstetrician of this city. Most works on surgery and some on obstetrics mention the accident, which is liable to occur to any one, and in some cases cannot be avoided. Perhaps a strip of bandage might be used as a tractor, instead of the finger.

Dr. F. C. Curtis, after preliminary remarks, offered the following resolution:

Resolved, That a committee of five be appointed by the Chair, to investigate into the feasibility of publishing the old minutes of the Society, beginning with 1870, in periodical installments, adding to it the current minutes of the Society, paged separately, together with such items of interest as may appear advisable; that the committee inform itself of the cost of such a publication, and the possibility of meeting it by subscriptions and advertisements, and report the same to the Society at its next meeting.

After some discussion, this was adopted, and the President appointed as such committee Drs. F. C. Curtis, A. Van Derveer, J. B. Stonehouse, Lorenzo Hale, and J. D. Featherstonhaugh.

The Society then adjourned.

SPONTANEOUS COMBUSTION OF ANIMAL TISSUES.

EXTRACT FROM A LECTURE ON COMBUSTION, AT THE ALBANY MEDICAL COLLEGE,

By MAURICE PERKINS, M. D.,

Professor of Chemical Philosophy and Organic Chemistry in the Albany Medical College; Professor of Chemistry in Union College.

While we often have cases of spontaneous combustion in masses of cotton waste, etc., and can easily account for them, is it possible that such can occur in the human body either before or after death?

Many cases are cited in the books where the evidences of combustion, *i. e.*, charred flesh, etc., are conclusive; but in each instance these have been caused by the burning of, and heat from, combustible material near or in contact with the body, and the presence of the body has retarded, and in some instances put out, the fire. I think, however, that the popular belief is that the bodies of certain persons, such as those of dissipated persons after death, undergo such a decomposition that combustion sets evolving enough heat to volatalize empyreumatic vapours, char the flesh, and set fire to combustible material in the neighborhood.

I think a simple calculation, taking into account the heat possible from the combustion of the carbon and hydrogen of the human body, together with the work to be done during the combustion, may throw some light upon the subject.

One kilogramme of hydrogen in burning will heat 34.462 kilogrammes of water 1° C. The same amount of carbon will heat 8.080 kilogrammes of water 1° C. This is called the calorific power, and in order to find this of any combustible substance, the percentage of hydrogen and carbon must be multiplied by these numbers. The products of the combustion of hydrogen and carbon are water and carbon-dioxide, they combining with the oxygen of the air.

Of course, if oxygen is present already in the substance, we must consider it in so much as already burned, and therefore subtract the heat which would be due to this combustion. We consider the oxygen as already combined with the hydrogen.

In order to arrive at the temperature or intensity of heat

obtained during the combustion, we have to consider the amount of work performed.

The burning body cannot have a higher temperature than the air which furnishes it with its oxygen, and this air must be heated at the expense of the heat developed during combustion.

Let C = calorific power, W = weight of products of combustion and accompanying nitrogen from the air, and S = the respective specific heats; then

$$T = \frac{C}{W \times S + W' \times S', \&c.}.$$

It would seem as though there would be no difficulty in finding the proportion of flesh, fat, etc., of the human body published in some of the physiologies, but for my calculation I have had to gather it from various sources, as well as I could, and I think near enough for our purposes. Take the body of a man weighing 100 kilogrammes, this would contain—

Albuminoids	21.8 kilogrammes.
Fats	2.4 kilogrammes.
Bones	7.5 kilogrammes.
Water	68.3 kilogrammes.
	100.0 kilogrammes.

The albuminoids and fats would contain—

Carbon	18.7 kilogrammes.
Hydrogen	2.0 kilogrammes.
Nitrogen	3.4 kilogrammes.
Oxygen	5.1 kilogrammes.
	29.2 kilogrammes in all.

	Units of heat.
0.63 kilogrammes of hydrogen is already in combination with the oxygen (5.1 kilogrammes). This will leave 1.36 kilogrammes to be burned, giving a calorific power of	46,990
18.7 kilogrammes of carbon will give	11,069
	58,059 = C.

Water in the body	68.3 kilogrammes.
Water formed during the combustion of the hydrogen	18.0 kilogrammes.
	86.3 kilogrammes.

	Units of heat.
	C = 58,059
Heat that would be given off by the condensation of this amount of water, and which is latent, 86.3 × 537, and subtracted from C	46,353
	11,706

Products of combustion, etc.:

Water . .	86.3 kilogrammes;	specific heat, 0.480°
Carbon-dioxide .	50.2 kilogrammes;	specific heat, 0.216°
Nitrogen of air which must pass through	146.0 kilogrammes;	specific heat, 0.244°

$$\frac{11{,}706}{86.3 \times 0.480 + 50.2 \times 0.216 + 146 \times 0.244} = 135^\circ \text{ C.}$$

135° C., then, would be the highest temperature attainable. But it will be noticed that in this calculation only enough air is used to furnish the oxygen required, whereas much more would be present first and last; also, that no allowance has been made for the heat which would be radiated.

It is never calculated that one-third of the theoretical heat of combustion is realized; therefore, we cannot calculate on a temperature of more than 50° C.

At this temperature no substance resulting in appreciable quantities in the human body, before or after death, will ignite.

Of course when enough heat is obtained from outside combustion, a body may be burned up.

MISCELLANEOUS NOTES.

——The Proceedings of the Medical Society of the County of Kings, now near the close of its fourth volume, has from its beginning attracted much attention and interest. Each new number is confidently opened, with the expectation of finding something good. The Society is to be congratulated in being so ably presented to the public. The subject of Phthisis has recently received attention, and the December number is largely taken up with its discussion. Drs. Armor, Skene, Sherwell, and others, take part in the discussion, which is very practical and suggestive.

——The New York County Society is publishing its Proceedings, from the commencement of the Society, in the form of parts of about sixty-four pages each. A number of these have been already issued, and when complete will form a valuable record of the Society. The idea is a novel one, but has much to recommend it. We would suggest that it would add to their interest to combine with them the current minutes, or extracts from them. The receipt of several of the numbers is acknowledged.

——First Principles of Political Economy, concisely presented for the use of classes in high schools and academies, by Aaron L. Chapin, D. D., President of Beloit College. Sheldon & Co., New York, 1880, pp. 213, 16 mo.—This little book is a condensation from a larger recast of Wayland's Elements of Political Economy, by the same author. It presents the subject in an unusually lucid manner, and while the class-room is in mind in its preparation, it gives to those of maturer years, who take up the subject for the first time, pleasure and profit in its perusal. What is a rare thing for a school book, it enjoys the advantage of being written by one high in educational position and a practical teacher of the subject. The medical profession is interested in the subject of education, many of its members being on school boards, and such places of authority. It is suggested to them that the science of political economy is worthy of more attention than it generally receives as one of the elements of education in this country.

——The Medical Society of the State of New York meets in Albany, February 3d to 5th. The sessions will be held in Agricultural Hall, at the Geological Building, corner of State and Lodge streets. Dr. H. D. Didama, of Syracuse, is President. The meeting will doubtless be one of interest. A Committee on Revision of the By-laws, appointed at the last meeting, will report, recommending, it is understood, some radical changes. Representative men from all parts of the State will attend the meeting.

College and Alumni Notes.

The Commencement exercises will take place on the evening of March 3d.

Dr. William H. Lingenfelter, class of 1871, died at his residence in Johnstown, N. Y., December 17, 1879.

The Spring course opens Monday, April 5th. In the interval the Quiz class which was organized last Spring will be resumed.

Dr. William L. Purple, '75, of Albany, was married to Miss Mary L. Dennison, January 14, 1880, by Rev. Dr. Blayney, at the First Presbyterian Church, Albany.

Dr. William Geoghan, '73, of Albany, was married to Miss Elizabeth Dempsey, by the Rev. Father Burke, on the evening of January 26th, 1880.

The Executive Committee of the Alumni Association has appointed the following class historians:

M. R. Peck, M. D., Glens Falls, N. Y., class of 1851.
Thos. Beckett, M. D., Albany, N. Y., class of 1861.
S. A. Ingham, M. D., Little Falls, N. Y., class of 1871.

"HONESTY THE BEST POLICY."

Country Practitioner (surprised at a visit from a notorious quack and pill vender): "Well, what brings you here?"

Quack (evidently suffering from disturbed peristaltic action): "Well, sir, the fact is, I feel rather queer and ——"

Country Practitioner: "Then why don't you take one of your 'Pearls of Health?'"

Quack: "That's just it, sir. I think I've swallowed one—by mistake." [PUNCH.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **APRIL, 1880.** **Number 2.**

TREATMENT OF DYSMENORRHŒA.

BY J. P. BOYD, JR., M. D.

Menstruation may be deranged by any cause inducing deficiency, as in amenorrhœa; by excess in the amount of blood lost, as in menorrhagia; or, lastly, by pain and difficulty in the performance of the function, as in dysmenorrhœa. A close study of the phenomena of normal or healthy menstruation, will render easy the appreciation of the various derangements to which this function is exposed. Recent investigations show that the process of menstruation depends upon certain phenomena, intimately connected together, viz, the spontaneous escape of one or more ova from the ovaries, engorgement of the genital organs, and rupture of the vessels supplying the mucous membrane of the uterus, together with rapid desquamation of its epithelial cells. In regard to this latter phenomenon, the investigations of Kundrat and Engelmann tend to lead us to the belief that menstrual hemorrhage is a retrogressive process, under which the superficial layers of the mucous membrane, having undergone degeneration, are being exfoliated. The more recent views of Williams tend the same way.

Dr. Barnes does not wish the phenomena of ovulation and menstruation to be considered as strictly local. In his various writings he has shown that menstruation, and probably ovulation, are, like pregnancy, preceded and accompanied by (1) increased central nerve irritability, (2) increased vascular tension. In regard to the latter point, Dr. Barnes has been able to throw considerable light. Observations were made on a case of hernia of the left ovary, in St. George's Hospital, and the vascular tension was tested by the sphygmograph. The temperature, size, and other conditions of the ovary were care-

fully noted. An extremely high tension preceded the flow, comparable to the high tension of chronic Bright's disease. The fall quickly followed the menstrual flow.

In women whose health is good, whose genital organs are in perfect condition, all the phases of menstruation are gone through, with little or no local or general disturbance. In such persons there may be a feeling of languor and signs of plethora, speedily followed by complete relief. A feeling of fullness about the pelvis completes the history of the normal menstruation. But if an abnormal condition should exist in the uterus or adjacent organs, menstruation often becomes exceedingly painful, and unless relieved speedily undermines the strongest constitution.

Dr. Thomas says that, as a general rule, dysmenorrhœa is due to one or more of the three following factors: (1), a depreciated condition of the constitution, beginning usually in the nervous system or blood, which creates a tendency to neuralgia; (2), an abnormal state of the uterus; or, (3), a diseased state of the ovaries. In other words, in a woman in whom the nervous systems and the uterus and ovaries are normal, it is hardly probable that this condition would ever arise.

We may divide Dysmenorrhœa into the following varieties, viz, neuralgic, congestive or inflammatory, obstructive, membranous, and ovarian. I desire to call your attention this evening, gentlemen, to but one of these varieties of Dysmenorrhœa, the Obstructive, and only that form caused by the anterior displacements of the uterus. I have no new form of treatment to advocate, but I desire only to add a few clinical cases to the history of the subject.

Case I. *Anteflexion: fundus of uterus flexed forwards.*—Patient 20 years of age; married three years; had been in good health, menstruation normal, and no leucorrhœa. The patient had a miscarriage about the third month of pregnancy, since which time she had been troubled with dysmenorrhœa, leucorrhœa, painful micturition, pain over hypogastrium, nervous disturbance, and despondency. She had been under treatment at different periods during the last two years. There was also marked emaciation, as the friends informed me. A vaginal examination revealed a thick, white discharge in the vagina, and pouring from the cervical canal. The cervix was abraded. Bimanual examination convinced me that the body of the uterus pressed upon the bladder, and the sound substantiated the decision. For a few weeks I applied iodine and tannin to the cervical canal, as there was no evidence of disease of the fundus of the organ. The patient also used a vaginal douche of water night and morning. After about a month, the discharge was so much lessened that I passed a large sound,

and held the fundus retroverted for several minutes. This operation was performed twice a week, in addition to other methods, up to the time of the next menstruation. The patient then disappeared from the clinic at St. Peter's Hospital, and several months later she appeared at my office complaining of nausea and vomiting, and I found that she was pregnant. Three years later she came to my office with a friend who was afflicted with some uterine disease, and stated that there had been no further trouble, all discharge had ceased, and menstruation was painless.

Case II. Patient unmarried, aged 18; two years ago was out in a storm while menstruating, and suffered from suspension of the flow; since then has suffered severely at menstrual periods. Up to the time of exposure to the storm, she had not suffered at all during or before the menstrual flow. The patient looked perfectly well, and if I had not been called to see her at the time of her menstruation, I could not have believed that she suffered at all. She had tried all sorts of narcotics faithfully, but without avail. A vaginal examination revealed anteflexion of the uterus, fundus and body both bent out of normal position. There was considerable tenderness at the fundus, but the cervix showed no signs of inflammation. There was no leucorrhœa. After two months of preparatory treatment, consisting in the use of hot water injections three times a day, attention to bowels, and moderate exercise, I forcibly divided the os internum with a dilator, whilst the patient was under ether. The next menstruation was attended with considerable pain, but not so severe as before. Again I divided the stricture, and the following menstruation was painless. Six months later I saw the patient, and there had been no relapse; menstruation natural.

Case III. Patient unmarried, 30 years of age; had suffered for over fourteen years from dysmenorrhœa and leucorrhœa. Two years before she came to me to be treated for uterine disease, she was confined to the house for many months by typhoid fever, and after convalescence the uterine trouble had been much increased. On vaginal examination, the fundus of the uterus was found sharply flexed forwards, the cervix divided towards the sacrum. The organ was not sensitive. The ovaries were normal. The uterus could be replaced. I had great difficulty in passing a sound. The mucous membrane of the os externum was slightly abraded, and a large amount of thick, white discharge was found in the cavity of the cervix and in the vagina. The patient had used for years a douche of simple water, and also one medicated; had used glycerine tampons, and during the menstrual flow had taken various narcotics, but with no effect. I tried first the interrupted current

along the spine; afterwards the constant current, but with no good result. The patient injected a gallon of hot water into the vagina night and morning, and used suppositories of morphine and belladonna several days before the menstrual flow. She was kept on one floor of the house for three months, not allowed to walk about much, and her diet principally milk. She lost flesh, suffered more pain, was troubled with dyspepsia and constipation, and became so hysterical as to require constant watching. The patient was etherized, and, assisted by Dr. Swinburne, I performed rapid divulsion. Seizing the anterior lip of the cervix with strong forceps, I passed a sound, and turned the fundus backwards; then rapidly introduced my dilator, and divulsed the os internum. I immediately introduced a stem pessary, No. 12, of hard rubber, and when the patient came out from under the influence of the ether, gave her a hypodermic injection of morphine. The patient wore the stem up to the time of menstruation, when I withdrew it, and she soon after menstruated without pain. At the next menstrual period I left the pessary in the uterus, but it fell out during the flow, and patient suffered considerably. She left town soon after for the sea-shore, and menstruated without pain. The following year she had pain during the spring, and I then introduced two large sea-tangle tents. Just before menstruating, they gave her a terrible amount of pain, and the menstruation was exceedingly painful. Since that time, however, she has menstruated regularly and without pain, has gained in flesh, and the hysterical symptoms have nearly disappeared.

Discussion.

Dr. F. Townsend. To what would Dr. Boyd ascribe his cure, to dilatation or to the pessary? If we can pass a sound, we can be satisfied as to the patency of the os internum. Why should we, therefore, dilate, and rupture the fibres at this point? If the sound does not pass readily, and there be flexion of the body upon the cervix, the obstruction is caused by the angulation produced by the same; and this it is that must be first attacked, and the patent os internum not needlessly dilated, forcibly or otherwise.

Barnes, Williams, and Hewitt have each made many sections—some of them frozen—of the os internum, and taken measurements, all quite similar, in flexed and normal uteri. These measurements suggest the fallacy of dilatation in flexures of the uterus. Almost every section shows that the calibre of the internal os will about admit the passage of the sound. This has been demonstrated, by Bennett and Bouilland, in the dead, also. No operation is needed, therefore, to enlarge the os. I have myself seen danger arise from Sims's operation of section of the os internum. The hemorrhage is profuse, and difficult to control. Some of the blood remains where it has escaped, and undergoes putrefactive changes. The lips of

the wound, also, undergo unhealthy change, causing liability to pelvic inflammation and septicæmia. If the cause of the difficulty is not at the internal os, internal laceration or cutting at that point will not relieve. Will incision help to *straighten* the uterus?

Dr. Thomas Beckett mentioned an extreme case of flexion. The patient suffered much pain, but there was no atresia of the canal as was proven by the passage of clots. A proper pessary was applied, and the flexion and dysmenorrhœa were soon overcome. Here, on Dr. Boyd's theory, we might have proceeded to dilate; but as soon as the uterus was placed in proper position, all difficulty ceased. In view of Dr. Boyd's number of recorded cases, we must believe that anteflexion can be cured in his way; but it is difficult to introduce a sound in flexions, and it is much safer to keep the womb in position without a stem pessary.

Dr. M. J. Lewi. In flexures of the uterus, the flexion occurs at the os internum. One exceptional case is reported by Klob, where the angle of the flexion existed in the body of the uterus. In case the sound could not be passed, how would Dr. Townsend operate?

Dr. Townsend. Relieve the flexure.

Dr. Lewi. Does Dr. Townsend maintain that the changes in anteflexion are merely mechanical, and that they can be relieved by pessaries, and that no pathological change exists?

Dr. Townsend. The obstruction is mechanical in cases of anteflexion. Virchow and others maintain that there are pathological changes in flexures, as atrophy, etc.; but atrophy is not a necessary condition of flexion, I think. If the internal os will admit a sound, it is sufficient guaranty of its patency, as I have before remarked.

Dr. Lewi. The authors advocating operations for flexions maintain that the muscular fibres of the internal os contract at times sufficient to occlude the canal. Hence the necessity of an operation.

Dr. A. Van Derveer. I have seen in this city cases of flexion that had been operated on by Dr. Sims, which in a few months were as bad as before. The weight of testimony is against Sims's operation. His pathology is at fault. There is some loss of power in the walls of the uterus in anteflexion. The fibres of the posterior wall are in a state of pathological change.

Dr. Woodward's case, reported at the last meeting, shows what massage alone will do in treatment. I have myself succeeded, by electricity, and by bi-manual pressure and massage, to improve the condition in anteflexion, so that a sound could be introduced without much trouble; then I have used the electrode with a stem.

Dr. Boyd. It has not been my object to advocate rapid divulsion, as but one of the cases was treated by that method exclusively, the other two being treated by simple reposition with the sound, and also by means of the stem pessary and sea-tangle tents; consequently, the favorable results in these cases cannot be attributed to rapid dilatation. In cases of long standing, where electricity and reposition have failed, I have succeeded best with rapid dilatation, conjoined with the use of the stem pessary. Of course the operation is limited to a comparatively small class of cases.

PRURITUS VULVÆ.

BY MAURICE J. LEWI, M. D.

Pruritus Vulvæ, like albuminuria, is a symptom referable to various conditions. It may be caused by the discharges of menstruation, leucorrhœa, or gonorrhœa; by metritis, myoma and carcinoma uteri, even though there is no discharge; and by diseases of the kidneys and urinary passages. Obstinate forms of pruritus may occur from diabetes and masturbation. Masturbation may also, in turn, be provoked by Pruritus Vulvæ. Pruritus is often the first symptom leading to the recognition of diabetes.

Friedreich gives, in Virchow's Archives, his view that a fungoid growth, developed in saccharine urine adhering to the parts about the vagina, gives rise to pruritus. Other authors maintain that this is but an occasional occurrence.

Pruritus Vulvæ often occurs at the menopause without any appreciable cause, and has been ascribed to a determination of blood to the pelvic viscera, resulting in distension of the capillaries of the skin during the menstrual epoch; and, per contra, has been ascribed to contraction of the capillaries of the skin during the interval between the menstrual periods; but whatever the cause, the pruritus increases the tendency to melancholia at the climacteric period, and in plethoric patients the continued scratching may develop vulvitis, vaginitis, uterine congestion and enlargement, and Barnes mentions uterine infarct.

The disagreeable itching of Pruritus Vulvæ is aggravated by warmth, as when in bed at night; it may extend from the mons veneris and abdomen to the anus and inner surface of the thighs; the clitoris becomes congested and erected; and when the vagina is involved, vaginismus may occur.

M. Noel Guineau de Mussy classifies Pruritus Vulvæ into acute, subacute, and chronic. Acute cases are marked by remissions in severity; chronic cases by almost perfect intermissions.

Characteristic changes in tissue in the primal disease are so little noticeable that Barnes speaks of the disease as a local neuralgia. Schrœder calls attention to numerous very small thread-shaped papillary growths, and also mentions the thickly-scattered yellow points, which originate from the secretion retained between the folds of the skin.

When the disease pursues a longer course, the changes become markedly characteristic. The scratching develops an

infiltration of the vulva; the dermis loses its elasticity, and assumes a grayish hue; and the previously existing folds of the skin are transformed into ridges covered with a fibrinous deposit. The skin may assume an eczematous appearance, and resemble an inflamed, moist, mucous surface, extending from high up on the abdomen to the inner surface of the thighs. The hypertrophied and bleeding labiæ may be covered with scabs, and pustules, and abscesses. The vagina may partake of the inflammation, and discharge a morbid secretion. The sufferer is usually hysterical, especially if unmarried.

The symptoms are more severe in autumn and winter than at other seasons of the year.

In the treatment, we should seek for and treat the cause as well as attack the local symptom. For a diabetic patient, Schrœder, of Berlin, advises Carlsbader water. Detmold, of New York, prescribes a solution of tannin locally.

When the cause of the disease is not apparent, attention should be paid to matters of hygiene, as pure air, ventilation, moderate exercise, avoidance of stimulating beverages, etc.; and tonic bitters and arsenic may be prescribed. If the urine shows an excess of uric acid, alkalies are indicated.

In the way of local treatment, warm sitz baths, three or four times a day, will afford relief. Cauterization, it is claimed by Zandry, who first instituted the practice in pruritus, has modified hysterical symptoms in young persons.

When the vagina is implicated, astringent injections are useful, such as—

℞

Cupri sulphatis.....	gr. x	(0.65)
Pulv. aluminis.....	gr. xv	(1.00)
Aquæ	O ij	(1,000.00)

M.

Scanzoni recommends a mixture of chloroform, one part, and almond oil, ten parts, to be penciled over the affected parts morning and night.

Before the Boston Gynecological Society, Dr. Weston related successful treatment with Norwegian tar, one part, and alcohol, eight parts.

Dr. Martin, before the same society, reported the successful use of Norwegian tar, one part, and glycerine, four parts.

Spiegelberg recommends for Pruritus Vulvæ in pregnant women, three parts of corrosive sublimate to one hundred parts of alcohol.

Carbolic acid is generally regarded as superior to all these. A five per cent. solution may be applied on lint, or by a camel's hair brush. At the Polliklinik, in Vienna, a salve of carbolic acid and glycerine is used.

In two cases which came under my own care, while in Vienna last year, the pruritus appeared to me to depend upon a distended condition of the capillaries of the skin; and to meet this condition, it occurred to me to prescribe—

℞

Secalis cornuti, fl. ext. .....
Glycerinæ ..... } *a. a.* 32 c. c.

M.

After two days local application of this mixture, the pruritus was rather worse than better; but after the third day improvement was rapid, and a cure was accomplished in each case in one week.

Dr. F. Townsend said that while in London he had noticed, in a copy of the *British Medical Journal*, reference by Churchill to ergot applied locally for Pruritus Vulvæ.

GLIOMA OF THE RETINA.

BY C. S. MERRILL, M. D.

The history of the patient from whom I removed this rare and interesting specimen is briefly as follows:

T. E., a girl 4 years of age, was first brought to me at the Troy Hospital last spring. The general constitution of the child was bad. It was poorly nourished and ill-cared for. The eye was normal in appearance, except that the pupil was enlarged, responding but slightly to the stimulus of light and shade, and the lens was cataractous, she having with that eye only perception of light in a portion of the field. Instead of the usual whitish appearance of soft cataract, this lens presented a well-marked yellowish color.

The father of the child, a wretchedly ignorant man, could give no history of the case, except that they first noticed the "white-sight" (cataract) a month before.

The diagnosis was entered in the hospital record as probable Glioma, a drop of atropine put in the eye to dilate the pupil still more, and the father directed to bring the child for farther examination on the next clinic day. Being frightened at my views of the case, as expressed to my assistants, he did not bring the child again, and I saw nothing of the case until recently, when he presented her at the college clinic, asking me

to do whatever ought to be done. By that time the pupil had become dilated ad maximum, and was immovable; the lens and iris pressed far forward; the tension of the globe was increased, and at times the child suffered severe pain.

I admitted the case into the Child's Hospital, and this forenoon, assisted by Dr. Trego, removed the eye. Upon opening it through its equator, a quantity of yellowish, watery fluid escaped, which had been contained between the retina and the choroid. The retina was completely detached, and drawn into the middle of the vitreous chamber like a bundle, extending from the optic nerve to the ciliary body, its outer surface covered by a multitude of little whitish protruberances, and enormously thickened. The entire ciliary body was covered by this yellowish-white substance, as also the posterior portion of the choroid near the optic nerve entrance, as may be seen by raising this retinal mass. Evidently the glioma cells have invaded the ciliary body and the choroid, and I fear have already passed back in the optic nerve beyond the point of section made in enucleating, which you perceive was far back. The outer surface of the sclera is perfectly normal, and there is no evidence of the cells having penetrated through into the orbit. A microscopical examination has not yet been made; but the gross appearances indicate, beyond a doubt, the nature of the growth.

In presenting this specimen, I will only add a few words concerning the nature and usual course of such cases. Glioma of the retina is an affection of earliest childhood; it may be congenital, and cases have been met with in adults. I have now a case under observation in a man 23 years of age, for whom a little more than a year ago I removed one eye, and who now has Glioma developing in the other. He is conscious of his fate, and awaits impending loss of sight and death with what horror you may imagine.

Usually the first symptom noticed is a yellowish-white reflection from the papillary space. An ophthalmoscopic examination will show a detachment of the retina of greater or less extent, depending upon the progress the disease has made. As the disease advances, the detachment becomes entire; and soon there is increase of intraocular pressure, with the resultant symptoms of pain and ciliary redness, and pressing forward of the lens and iris, with cloudiness of the former and atrophy of the latter. These conditions usually continue until the globe becomes filled with the gliomatous growth, when it breaks through the outer coat, and rapidly proliferates in a granular, bleeding mass, until the patient succumbs either from hemorrhage or exhaustion. The patient may die before the growth breaks through the cornea or sclera, by extension of the cells

to the brain, and the development of a gliomatous tumor there.

The prognosis, of course, is bad; the treatment, radical. In the earlier stage, the eye should be removed at once; later, when there is severe pain and inflammatory action, or when the growth has penetrated through the coats of the eye, the orbit should be eviscerated of its contents.

If one eye has been removed, and the other is affected, as in the adult case before mentioned, I advise retaining the eye as long as there is vision; then its removal, to relieve the symptoms.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.

BY H. I. FELLOWS, M. D.

Extracts from a paper read before the Medical Society of the County of Albany, January 14, 1880.

Woodman and Tidy, in their "Forensic Medicine" say, "There is no subject in the whole range of medical jurisprudence on which so much romance has been built as this." Dickens, in "Bleak House," Marryatt, in "Jacob Faithful," and Herman Melville, in "Redbourne," have each finished off a character by the process of spontaneous combustion.

That spontaneous combustion can occur in a living body, which Liebig says is 75 per cent. water, has never been proven indubitably; yet we have in medico-legal history the fact that, by the theory of spontaneous combustion of the human body, a man named Millet, of Rheims, France, escaped the extreme penalty of the law in about the year 1725; and again, a son and daughter-in-law were acquitted in France of the charge of murder, in 1847. This last case is copied in the *London Atlas* from the *Gazette Medicale.* The body was that of a man aged 71, "not fat and not addicted to drunkenness." He had been in the habit of carrying lucifer matches in his pocket, and he had taken a hot brick into his bed as usual. Two hours after he went to bed, the accused son and his wife passed by his door, and observed nothing unusual. The next morning the room was filled with dense smoke, and one of the witnesses asserted that he saw over the body a small, whitish flame, which receded as he approached. The clothes of the deceased and the bedding were almost entirely consumed, but

the bedstead was only partially burned. The hands were completely burned, and attached to the forearms by carbonized tendons only, which gave way at the slightest touch. The thighs were detached so as to resemble wilful mutilation, but for the presence of animal charcoal. Drs. Mason and Orfila testified that these evidences of violent combustion, without damage to surrounding objects, must be due to "some inherent cause in the individual."

The only American case on record is that reported in 1771, of Hannah Bradshaw, aged 30. She had been observed under the influence of liquor, and next morning, entrance to her room being forced, her body was found partly consumed in the middle of the floor, in which a hole four feet in diameter was burned. The flesh was entirely burned from the bones, except on the head, shoulders, and one foot, which was burnt off at the ankle, almost as if cut off, and lay upon the floor. The bones, lying in the hole beneath the floor, were some of them black and some white, and so thoroughly charred as to crumble beneath the fingers. The bowels were unconsumed. One of the sleepers of the floor was burned almost through. The tallow of a candle near was melted from the wick, which remained unscorched. The ceiling, walls and windows were blackened with soot. The heat had drawn the turpentine from the wainscoting. Not a spark of fire remained when the body was found. The case was considered one of spontaneous combustion.

But the most celebrated case is that of the Countess Goerlitz, whose body was found partly consumed in the midst of articles of furniture still burning. Her servant, John Stauff, was arrested for the murder, and tried at Darmstadt in 1850. The defense of spontaneous combustion was set up. Liebig and Bischoff testified that spontaneous combustion of the human body was impossible. The subject was immediately taken up all over the world. Dr. Devergie, a professor of the Prussian School of Medicine and medical inspector at the Morgue, was one of their most powerful opponents, and narrated an instance of alleged spontaneous combustion that he had personally investigated. But, unfortunately for the theory of spontaneous combustion, Stauff was convicted, and confessed the crime.

Many other instances of alleged spontaneous combustion are on record, and some are of peculiar interest. Dr. Beck has shown that "preternatural combustibility" is a more proper term for that abnormal condition of the human body, claimed to have existed in most of these cases, which admits of ready ignition from outside combustion.

As to the cause of spontaneous combustion of the human body, the following views have been entertained: Lair, in

"Philosophical Transactions," suggests alcoholic impregnation; Kopp and others, the agency of electricity; Marc, the accumulation of inflammable gases; Julia Fontenelle, in *Edinburgh Philosophical Journal*, vol. V, the formation of new and highly inflammable products; Professor Apjohn, in the "Cyclopædia of Practical Medicine," the generation of phosphureted hydrogen.

Dr. J. C. HANNAN told of a patient with Delirium Tremens, whose breath appeared to ignite, and whose mustache was singed, from a candle held near his face.

Dr. A. VAN DERVEER said that there was not one well authenticated case of spontaneous combustion, and he proposed the following queries: Will the gases escaping from a dead body during a post mortem ignite, even in warm weather? In warm weather, how long will a dead body keep warm?

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

A regular meeting of the Medical Society of the County of Albany was held in the Common Council Chamber, City Hall, on Wednesday evening, December 17, 1880.

The President, Dr. J. M. Bigelow, in the chair.

Dr. Van Derveer, chairman of Standing Committee on Pathology, reported that the committee had held a meeting and had organized for work, and were now ready to examine any specimens that may be offered them by the Society.

Dr. MAURICE J. LEWI read an article on "Pruritus Vulvæ."

Dr. R. H. SABIN reported a case of—

PEMPHIGUS.

The patient is the mother of five children. On the fifth day following the third labor, in January, 1874, an eruption of blebs appeared on the hands and arms, one crop following another on the same surface. There were no indications of syphilis. After three or four weeks the blebs disappeared.

On April 6, 1876, she gave birth to her fourth child. On the third day following she had an eruption more severe than the previous one. On the hands and arms the blebs were so closely crowded that not a spot of sound skin could be seen between them. The eruption appeared also on the feet and legs, and to a less degree upon the body. The burning, smarting pain, day and night, interfered with sleep. After about three months the eruption disappeared.

The patient remained in good health until the spring of 1879, when, in the third month of pregnancy, the eruption appeared for the third time, and continued in successive crops until about two months previous to her fifth confinement, November 3, 1879. On the third day after confinement, the eruption appeared for the fourth time, but yielded readily to treatment, leaving the patient in good health at the present time.

In the treatment, many remedies were tried. No good effect was realized from the use of Fowler's solution. The most benefit appeared to be derived from the use of pills manufactured by J. E. Moore, of Albany, from the following formula, viz:

℞

Quiniæ Sulphatis.....gr. j (0.066)
Ferri Redacti.....gr. j (0.066)
Acidi Arseniosi.....gr. 1-30 (0.002)

M.

Dr. J. P. BOYD, JR., read a paper on "The Treatment of Dysmenorrhœa."

The committee appointed at the previous meeting to examine and report as to the feasibility of printing the minutes of the Society, reported in favor of printing a bi-monthly journal, to contain in each issue at least sixteen pages of old minutes, and another sixteen pages, with the pages numbered separately for separate binding, of current minutes and other matter. THE MEDICAL ANNALS had been suggested as a title for this periodical.

On motion, the report of the Committee on Publication was accepted.

Dr. W. H. Murray offered resolutions opposing the publication of the minutes, unless the expense could be met without the aid of advertisements. Lost.

A motion was made that the report of this committee be adopted, and that the same committee, namely, Drs. Curtis, Van Derveer, Stonehouse, Hale, and J. D. Featherstonhaugh, be appointed a committee for editing and publishing the periodical in the manner recommended. Carried.

Dr. T. B. Van Alstyne exhibited specimens of "Large White Kidney."

Dr. C. S. Merrill exhibited a specimen of "Glioma of the Retina."

On motion, the specimens presented by Drs. Merrill and Van Alstyne were referred to the Committee on Pathology.

Dr. R. H. Starkweather offered resolutions condemning the character of the advertisements in the last *Medical Register*, and proposing to publish the next annual issue without any advertisements. Lost.

Society adjourned.

LORENZO HALE,

Secretary.

A regular meeting of the Medical Society of the County of Albany was held January 14, 1880, at 8 o'clock p. m., in the Common Council Chamber, City Hall.

The President, Dr. J. M. Bigelow, in the chair.

The minutes of the last regular meeting, held December 17, 1879, were read and approved.

Dr. A. Van Derveer, chairman of the Standing Committee on Pathology, reported from that committee that sections had been prepared from the kidneys presented by Dr. T. B. Van Alstyne at the previous meeting, and slides were now present for microscopical examination by the members. These sections exhibited a condition of Interstitial Nephritis.

Also, that the specimen presented by Dr. Merrill is now in process of preparation for section.

Dr. P. B. COLLIER read the histories of several cases of "Cardiac Syncope." [Will appear in next number.]

Dr. H. I. FELLOWS read on "Spontaneous Combustion of the Human Body."

After discussion of the papers, the Society adjourned.

LORENZO HALE,

Secretary.

HOSPITAL NOTES.

BY SHELDON VOORHEES, M. D.,

Assistant Resident Physician and Surgeon, Albany Hospital.

Five operations done according to the Lister Method, from the service of Drs. Ward, Van Derveer, and Mosher:

In all the cases a one-fortieth solution of carbolic acid was used to carbolize the instruments, a one-thirtieth solution for the hands and sponges, and for the spray a one-twentieth solution was employed. Lister dressing was applied, consisting of protective, Mackintosh cloth, and the carbolized gauze.

Case I.—Male, aged 19; removal of Osteo-Enchondroma of great toe. (Service of Dr. S. B. Ward.)

Operation performed at the Saturday clinic, December 13, 1879. December 16—Redressed under spray; in the evening, pulse 120, and temperature 104° F., with quite an amount of pain in the foot. December 17—Feels better in the morning; in the evening, pulse 100, and temperature 103.5° F. December 18—Again dressed under spray. The deep parts of the wound have united; superficially, the edges have a macerated look, the skin peeling off readily. December 22—Lister dressing discontinued, and common dressing put on. The deep parts of the wound have all united. Superficially there has been some suppuration.

Case II.—Male, aged 27; Irritable Stump; secondary amputation in middle third of left leg. (Service of Dr. A. Van Derveer.)

Operation performed February 6, 1880. Weir's atomizer was used. In securing the vessels, the catgut ligatures were found so stiff that they could not be tied, and carbolized silk ligatures were used in their stead, cutting them off close in the wound. Great care was taken to secure all bleeding points, and to have the wound perfectly free from blood when the flaps were brought together. Carbolized silk sutures were used in securing the flaps, and a drainage tube was left in the wound, to give free exit to blood which might ooze from the cut surfaces. February 8—Dressings reapplied, drainage-tube removed, and nearly all the sutures taken out. Primary union was found complete, and the dressings were in good condition. The dressings were reapplied every third day up to February 24, when they were left off. At no time did a particle of pus show itself. The temperature was never over 100° F., and after recovering from the effects of the ether, the patient was comfortable all the time.

Case III.—Female, aged 54; removal of Carcinoma of the breast, whole gland implicated. (Service of Dr. A. Van Derveer.)

Operation performed at the Saturday clinic, February 21, 1880. Catgut ligatures were used, and a drainage-tube was left in the wound, which was closed throughout one-half of its extent, the remainder being left open to heal by granulation. February 24—Dressing reapplied, drainage-tube taken out, and some of the sutures removed. Primary union had taken place in that part of the incision where the flaps had been brought together, and everything looked well. February 25—After sitting up an hour, had a chill, followed by fever for two days, with evening temperature of 102.5° F. Two doses of cinchonidia, 0.65 gram, were given. Temperature fell to normal on the 25th, and did not rise again. The dressing was changed every third day up to March 6, when the Lister dressing was replaced by a simple one, and the patient left the hospital feeling well, with only a small granulating sore remaining.

Case IV.—Male, aged 58; removal of Fatty Tumor. (Service of Drs. S. B. Ward and J. S. Mosher.)

Operation performed at the Saturday clinic, February 28, 1880. Vessels secured with catgut ligatures; drainage-tube left in throughout whole extent of incision, and wound closed with carbolized silk sutures. March 3—Dressings reapplied, drainage-tube not removed, and none of the sutures taken out. Wound looks well, and little complaint of pain; pulse and

temperature normal. March 6—Again dressed; drainage-tube taken out, and sutures removed. Primary union fairly good; surface around the line of incision slightly reddened. Dressed again under spray on the 9th, and on the 11th Lister dressing removed, and common dressing applied. The deep parts of the wound have all united, and superficially there has been a little suppuration in the line of the incision.

Case V.—Female, aged 55; amputation of finger, for Epithelioma. (Service of Dr. A. Van Derveer.)

Operation performed February 28, 1880, taking out the head of metacarpal bone. Catgut ligatures used. Drainage-tube and sutures all removed and Lister dressing reapplied March 1, and again March 3. Wound united in deep part, but superficially healing by granulation. Lister dressing kept up till March 13, and changed to a simple dressing then, as the patient left the hospital. In this case there has been some suppuration.

[Reports of other cases are left over for want of space.]

EDITORIAL.

A WORD TO THE PROFESSION IN ALBANY.

The editors of the ANNALS desire to state that from friends in the profession and from medical publications, the first issue of this Journal has met with an encouraging reception. The financial success of the enterprise is assured. The profession of this vicinity have indorsed it. The alumni of the medical college also heartily contribute to its support. They see in it evidence of professional work, that will result in benefit to their alma mater, and will be a source of improvement to the members of the Albany County Medical Society, with so many of whom they are acquainted.

As will be observed, the present number of the Journal has been enlarged. We are warranted in doing this, and we trust the material is of sufficient interest to induce those who have not already done so to send in their subscription. Besides the Society material, which it is our first duty to present, we have, from the hospital records, the proceedings of the Albany Academy of Medicine, and other sources, many valuable papers and cases; some of which will, no doubt, find a wider field through our exchanges.

We wish now to say a few words of direct appeal to the members of our own Society. As a profession, we have not for a number of years made Albany such a centre of medical influence as we should. We have, perhaps, allowed personal interests to usurp the place of professional advancement, and have given to minor and trivial issues the time and talents which would have been better employed in improving and elevating the now much-abused profession of medicine. The publication of this Journal, with a hearty support from all, is calculated to work in the direction of correcting this. Can we not agree in giving up past differences, and unite in this effort to make our Society a name that will be honored among our professional brethren outside of our own borders? That we have the ability to do this, none can doubt. There are only a few physicians here who have reached a venerable age; but we have in our midst a class of middle aged and younger men, whose advantages have been all that the medical world can give. Their influence is now being felt, and no one can doubt that it will increase with time, and that their productions will make their impression on the profession.

Let us, then, be earnest in our work. Let us make this channel of communication with our brethren all that it should be, and our Society a unit of strength; and we shall become a power whose influence will be acknowledged by the graduates of our own college and by the State Society.

Our Society has recently lost one of its most talented members by death, Dr. Edward R. Hun. For several years his health has been poor, the difficulty being of a cerebral nature, following, and doubtless attributable to, a fall from his carriage early in 1876. For more than a year he has been incapacitated for work, and has spent much of his time away from the city in the pursuit of health. Death came to him suddenly March 14, at Stamford, Conn., in the 38th year of his age.

Dr. Hun graduated at Harvard, in 1863, and in medicine at the College of Physicians and Surgeons in 1866. After spending some time abroad, he began practice in Albany, and without long delay became a very busy physician. In addition to a large private practice, he did a good deal of work in the St. Peter's, Albany, and Child's Hospitals, and other less public institutions to which he was attached. For several years he was pathologist at the State Lunatic Asylum at Utica. He became a member of the American Medical Association, the New York State Medical Society, of which he was for a short time secretary, and of the New York Neurological Society. The subject of nervous diseases engaged his special

attention, and he was Professor of Diseases of the Nervous System at the Albany Medical College at the time of his decease. He made a number of contributions to the literature of medicine.

All who knew him held him in high regard as a physician of brilliant attainments, and as a man possessing a most kindly nature.

Just as we go to press, another has passed away who has made his strong mark in the profession. Dr. CHARLES ARCHIBALD ROBERTSON died at half-past ten p. m. April 1, aged 54. A year of long, painful illness is ended, and a life which each year was making more useful. He graduated at Harvard in '50, in medicine at Jefferson, in Philadelphia, in '53, and afterwards studied diseases of the eye and ear at Dublin and Paris, in which specialty he has gained a celebrity which needs no comment. Two years ago he was President of the Medical Society of the County of Albany, and afterwards a censor. Of most positive nature, of most rich and well-drilled mind, of intellectual tastes and gifts, of a warm and genial heart, he was a prominent man in the profession, in the community, and in society.

The edition of the first number, although large, is nearly exhausted. Our subscribers will do well, therefore, to preserve their copies carefully, especially on account of the installment of volume III of the Society Proceedings, of which it is the commencement. New subscribers are asked to notify us if they have already received a specimen copy of the first number.

The receipt of the following exchanges is acknowledged: *Buffalo Medical and Surgical Journal, Philadelphia Medical and Surgical Reporter, The Sanitarian, Proceedings of the Kings County Medical Society, Annals of the Anatomical and Surgical Society, American Journal of Medical Sciences, and Detroit Lancet.*

Dr. M. R. C. Peck, of this city, has just returned from Europe, having been away for three years. There lies on the editor's table a short monograph in German, entitled *Cystenbildung in der Liebeswand des Embryo*, contributed by him to the Journal of the Embryological Institute of Vienna.

BOOK NOTICES.

——Syphilis of the Brain and Spinal Cord, etc., by Thomas Stretch Dowse, M. D. New York: G. P. Putnam's Sons.

This work comes at a very opportune moment. Carefully observed and recorded clinical and pathological facts, in great numbers, have been collected during the past few years, proving that syphilis is much more frequently the cause of cerebral and spinal disease than had previously been recognized; and although many attempts have been made to present to the profession in a clear and exhaustive manner the knowledge thus gained, no author has, in our opinion, so well succeeded, as Dr. Dowse. His arrangement is good, and his style generally clear and concise.

Thirty-three illustrative cases are introduced, adding materially to the value of the book. The illustrations are generally good. Two Woodburytypes may be mentioned as illustrating the effect of excitement in bringing out facial paresis, otherwise not noticeable. In the first the patient suffering from general paresis is quiet, and no indication of palsy can be found in his face. In the second, taken but a few minutes later, but while the patient was under a pleasurable excitement, marked paresis of the right seventh and left third cranial nerves are noticed. If such photographic aids should be more frequently employed in the report of cases, such contributions to medical literature would be immeasurably increased in value. In marked contrast is the woodcut on the seventy-second page. It is intended to show palsy of the right sixth and left seventh nerves, with scars and deformities. The scars and convergent strabismus can be found—the deformities imagined; but it is impossible to even imagine the palsy of the left seventh, hidden as it is by the profound shading of that side of the face.

This work has quite a complete general index; also, a descriptive index to cases. We are certain that those who read this volume will find it not only instructive, but what is more uncommon in medical works, entertaining.

——Nomenclature of Diseases, second edition, octavo, 200 pages, from the Government Printing Office, 1878, by John M. Woodworth, M. D., Supervising Surgeon-General U. S. M. H. S., is a slight improvement upon the edition of 1874, as Locomotor Ataxy is no longer classified under diseases of the brain, but now appears under diseases of the nerves, as a subdivision of Paralysis. In a future edition Locomotor Ataxy may yet find its place under the heading "Diseases of the Cord," and the term "Spinal Atrophy," which now appears under that heading, may then be supplanted. The list of spinal diseases is very incomplete.

Varieties of paralysis depending upon diseases of the brain, and of the spinal cord, and of peripheral nerves, are all huddled together under "Diseases of the Nerves."

Under "Poisons" the omissions are numerous: Carbolic Acid, Chromic Acid, Chloral, Anilin, Picrotoxine, Absinthe, Gelseminum, and others.

Ergotism and Delirium Tremens erroneously appear as vegetable poisons.

Rötheln, Tetany, Shock, both emotional and surgical, Traumatic Fever, and several other pathological conditions, are not known in this book.

The moral of these errors and omissions shows the necessity of a distribution of departments of labor into the hands of skilled specialists.

This book is distributed gratuitously to the profession, on application.

College and Alumni Notes.

Prof. A. Van Derveer made the following concluding remarks to the class at the recent close of his lectures in the college:

And now, young gentlemen, before taking leave of you, allow me to give you a few words of advice—a few practical suggestions. I feel I would leave an important part of my duty to you unfulfilled did I not warn you of the shoals of danger on which so many of our profession have made shipwreck, of what might have been a noble and a useful life.

I deem it hardly necessary for me to say to you that most earnestly do I wish you success in the profession you have chosen, but there is one thing of far more importance than success—nay, without which, success in the highest and truest sense of the word is impossible: the possession of a moral character, above suspicion and without reproach. Thus far, mainly, in theory are you prepared for your professional work. There is no process that can reckon up the amount of good which the science and art of medicine have conferred upon the human race. It is impossible to grasp or comprehend the sum of their beneficial operation.

You are to become the friends of the suffering sons and daughters of men. As ministers and disciples in this noble calling, you are to cheer the desponding, to lighten the load of human sorrow. It will be your lot to listen to the story of the sorrow-stricken parents over the loss of a loved son given to vice, or sadder still, the destruction of the fond daughter,

who has been betrayed into the vortex of shame and a living death. To dispel and diminish the gloom of the sick room, to pluck from the pillow of pain its thorns, and to bring sweet, delicious rest will be your pleasant duty. Many will be the dark and desolate dwellings into which the light of joy will seldom come, except as brought by your cheerful words of sympathy. You know little now of the pleasure you will experience when, by your well directed efforts, you see rekindled the lamp of hope, where all was, but a moment before, despair and sorrow. And when you see brought back the radiance of the lustreless eye, and the bloom of the fading cheek, I trust you will not attribute all to inherent self, but rather give the praise to Him who giveth us the ability and power to do good.

The life of a physician is one of peculiar temptation. Temptations assail all, but those which meet the physician are manifold and most subtle. He needs constantly to be on his guard, watchful as one who stands on the brink of a precipice, over which he is ever in danger of falling. He should watch closely each word and act, and so conduct himself that the most uncharitable can find no foundation for suspicion or remark. The only way to attain this propriety of action, is to have a heart in which no impure or dishonorable thoughts find lodgment.

It sometimes happen that the innocent become the subject of severe criticisms and unjust attacks. And then, again, the physician, secure in his own strength and conscious of his own innocence, impelled by sympathy or flattered by unwise words of praise and gratitude, may be led to give and receive those attentions which are never conducive to the best interests of either physician or patient, and which, alas, too often results in the ruin of both. Therefore, I urge upon you the necessity for the observance of strict propriety of demeanor, at all times and under all circumstances. Never indulge in the least undue familiarity, nor permit the least indulgence in such towards yourselves. Never seek or encourage the confidence of your patients, especially in regard to subjects appertaining to the family relation. Never gossip yourselves, nor become the repository for the gossip of others. There may be instances where the infirmities of the body are the result of mental trouble, and where it is impossible to heal the one without at least alleviating the other. This the wise physician, who should ever be the friend of his patient, may, by judicious counsel, be enabled to do. In order to do this, a full knowledge of all attending circumstances should be in his possession; but he, and he alone, is worthy to receive the trust, who is able to consider as sacred, and preserve inviolate, the confidence thus reposed in him.

Be careful always to observe the courtesies due to members of the profession, particularly to those who have been less successful than yourselves. A word of kindness and encouragement is easily spoken, and, given to one struggling with adversity, may rekindle hope, and lead to renewed effort—to effort and investigation from which may result discoveries of which you may be glad and proud to avail yourselves.

While courteous to all, I sincerely urge upon you to be courteous toward those who are advanced in life. With advantages beyond them, you may be in some things beyond them in knowledge; but their experience gives them a claim to your respect, and their years of faithful service

and devotion to the profession should insure them against neglect and unkindness from those who are just entering upon its practice.

The last danger against which I shall warn is pride; that pride in your attainments and success which will give you arrogance or haughtiness of bearing towards patients or associates in your profession. Some fancy that by hard and unkind utterances they give evidences of superiority, where in fact they are only showing their lack of culture. Humility is a never-failing accompaniment of true worth. Those who have delved deepest in the mysteries of that wonderful piece of mechanism the human frame, have cause rather to mourn their ignorance than to be vain of their acquirements.

Finally, gentlemen, you stand at the threshold of a palace of art, through which you are now entering, and catch but glimpses of the treasures within.

Seventh Annual Meeting of the Association of the Alumni of the Albany Medical College.

The annual gathering of this association occurred March 3. At about 10 a. m. the library was opened for the reception of members, and until the hour for the business meeting was crowded with classmates who had not met for years, recalling memories of college life, examining photographs, etc. A lunch was provided, which added materially to the pleasure of this reunion.

At half past two o'clock Dr. I. G. Collins, '58, of Sing Sing, N. Y., President of the Association, called it to order. In addition to the routine business, the association listened to an address of welcome from Prof. Jacob S. Mosher, '63; the final report of the Armsby Memorial Committee, read by its chairman, Dr. S. H. Freeman, '46; and the annual address, by President Collins. The addresses of Drs. Mosher and Collins were very appropriate and scholarly productions.

The nominating committee made the following report, which was unanimously adopted: President—Dr. Francis L. R. Chapin, '51, Glens Falls, N. Y. Vice Presidents—Drs. Thomas S. Dawes, '48, Saugerties, N. Y.; Ianthus G. Johnson, '53, Greenfield Centre, N. Y.; John E. Burdick, '63, Ephratah, N. Y.; Henry H. Smith, '73, Sheffield, Mass.; R. Grant Havens, '74, Jefferson, N. Y. Secretary—Dr. Willis G. Tucker, '70, Albany, N. Y. Treasurer—Dr. G. L. Ullman, '71, Albany, N. Y. Historian—Dr. Jno. Ben. Stonehouse, '71, Albany, N. Y. Executive Committee—Drs. Jacob S. Mosher, '63, and Gideon H. Armsby,

'64, Albany, N. Y.; Daniel C. Case, '70, Slingerlands, N. Y.; Chas. M. Lefler, '70, Johnstown, N. Y.; Byron U. Steenberg, '70, Chas. E. Jones, '72, William Geoghan, '73, and Wm. N. Hays, '75, Albany, N. Y.; Wm. Stevens, '75, Cairo, N. Y.; Thos. R. Featherstonhaugh, '77, Albany, N. Y.

Obituary notices of the following alumni were read: Drs. J. H. Beech, '41 (Ex-Vice President), Coldwater, Mich.; A. D. Hull, '41 (Ex-Vice President), Lansingburgh, N. Y.; James Duane Jones, '49, Schenectady, N. Y.; Chas. M. Pierce, '56, Washington, Fla.; W. A. Van Rensselaer, '58, Kingston, N. Y.; Wm. Zeh, '65, Guilderland, N. Y.; K. V. R. Lansingh, '70, San Francisco, Cal.; W. H. Lingenfelter, '71, Johnstown, N. Y.; H. B. De La Mater, '77, Duanesburgh, N. Y.; John A. Crowley, '77, Mt. Holly, Vt.

In the evening the commencement exercises of the College were held at Martin Opera House, forty-six gentlemen receiving diplomas. The address was delivered by Prof. David Murray, Secretary of the Regents of the State University. At the conclusion of these exercises, the Alumni Association, with the College Faculty and many friends, sat down to a sumptuous repast at the Delavan House, during which many eloquent and witty speeches were made, several of the speakers making very happy allusions to the indefatigable Secretary of the Association, to whom is due, in the greatest measure, the success not only of this, but of all previous meetings.

Dr. F. L. R. Chapin has been appointed historian for the class of 1851, in place of Dr. M. R. Peck, resigned on account of ill-health.

Dr. Fred. P. Streeter, '79, Glens Falls, N. Y., was married March 25th to Miss Ella S., daughter of the late Benjamin Wilson, of Albany, N. Y., by Rev. Anson J. Upson, D D.

Editorial reference has been made on another page to the death of Prof. Edward R. Hun.

Mr. Addison V. Spicer, a prominent druggist of Albany, died suddenly on March 22, of congestion of the brain.

THE

MEDICAL ANNALS:

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Volume I. **JUNE, 1880.** **Number 3.**

PRIMARY DEPOSIT IN THE LIVER OF A CARCINOMATOUS NATURE:

History of the Case and Exhibition of Specimen.

BY NORMAN L. SNOW, M. D.

Patrick Flinn, aged 63; admitted to the Alms House Hospital January 21, 1880; died on January 25th.

He had been complaining for some months, with indefinite symptoms. The conjunctivæ were somewhat tinged with bile, and the skin generally was jaundiced. The bowels were constipated, and urine scanty. The legs and feet were œdematous. The outline of the liver could be distinctly traced in the right hypochondrium, and it was found very much enlarged. He was able to walk about the ward. Last Sunday, four days after entering the hospital, he became faint, sank from the chair on which he was sitting, and died.

Autopsy, thirty-six hours after death, by Dr. D. V. O'Leary, City Physician, and myself, assisted by F. D. Morrill, Resident. The body was moderately nourished; skin over entire surface yellow and mottled. The abdominal cavity contained twenty ounces of serum, deeply tinged with bile; bladder empty. In each pleural cavity, and in the pericardial sac, there was a considerable amount of serum. Both kidneys large, congested, capsules adherent, and cortex thickened and granular; on the surface of left one there are several small cysts.

The parts of most interest are the liver, with some of the tissues in its vicinity. The liver is immense in size, weighing nine and a half pounds. Its measurements are: great trans-

verse, 9½ inches; lesser transverse, 8¾ inches; lateral diameter, 13 inches; vertical thickness through right lobe, 3¾ inches; vertical thickness through left lobe, 3¼ inches. The upper surface is partly smooth and partly irregular, with cup-shaped depressions; edges round, and capsule much thickened; has not a hardened feel, and presents every appearance of having undergone transformation from some rapidly growing infiltration, probably encephaloid in character. A small nodule in the omentum, and another in the tissues just external to the pylorus, are undoubtedly of the same character.

Carcinamatous deposit in and around the liver is frequent as a secondary condition, but as a primary disease it occurs seldom, and in the dead room its existence is rarely verified. That we have in this case a primary hepatic deposit is inferred from the age of the patient, together with the rapidity of developing symptoms.

As the specimen was obtained but yesterday, while I believe it to be encephaloid, I withhold a positive declaration pending microscopic investigation. Concerning the relative proportion of primary to secondary deposits, we find very little variance in authors. Frerichs gives, as the result of thirty-one original investigations, with a total of 91 recorded cases, 21 primary deposits in the liver, or about 25 per cent., and Murchison thinks about one-quarter may be primary.

Discussion.

Dr. Van Derveer spoke of the rarity of cancer in the liver itself, as a primary disease. The weight of the specimen more than its size would indicate a cancerous nature, and the appearance of the nodules would confirm that view.

CARDIAC SYNCOPE.

BY P. B. COLLIER, M. D.

Cardiac syncope is an accident so alarming, and so fatal in its results, that any contribution to its history, cure and prevention cannot fail to be of interest. I present the following cases, hoping that the discussion awakened may be of profit.

Case I. Mrs. S., aged 56, of previous good health, was taken, February, 1871, with a right lobar pneumonia. On the fifth day convalescence began, but on the seventh another chill announced a fresh invasion, and after a week convalescence was again es-

tablished. The rales disappeared, sputa became natural, temperature fell, and everything bade fair for a perfect recovery. On the 17th day, after a day of unusual comfort, in the evening she received a visitor for an hour, sitting up in an easy chair. About 9 p. m., the visitor having but just left, she called for water, saying, "I am faint," became pale, labored for breath, and cold sweat started from her brow. She was immediately placed in a recumbent position, and restoratives applied, but died in less than five minutes.

Case II. W. P., aged 47, constitution and habits good, was taken with pleuro-pneumonia of left side, involving almost the entire lung and adjacent pleura. There was the usual course of symptoms. He did not take kindly to his bed, and after the 5th day insisted upon sitting up much of the time. Convalescence set in after the 7th day. On the 12th day he insisted upon having his clothes on, and walked for some time about his room; then attempted to wind his clock, which necessitated reaching up quite high. While doing this, he suddenly cried out, "I am faint," and in a whisper, "I am going to die;" turned pale, staggered, was caught by his wife and placed in a chair, where, after a few moments of labored breathing, he expired.

Case III. J. H. B., aged 30, married, previously healthy, was taken with typhoid fever in November, 1867. He was under the care of another physician, with whom I saw him. The fever ran a high course, there was profuse diarrhœa, and great debility. He convalesced after the 14th day, pulse falling to 76, bowels continuing rather free. On the 19th day of the disease, while sitting up at stool, he felt faint, became pale, and died before he could be got to bed.

Case IV. W. P., aged 25, of previous good health, was taken with typhoid fever, September 7, 1866. There was profuse diarrhœa for several days, tympanitis, delirium, and epistaxis. He had an average temperature of 103.5° in the morning and 104.5° in the evening, until the 19th day, when temperature fell and all his symptoms improved. Ten days after convalescence began, he was allowed to sit in his chair for fifteen minutes daily, strict injunction being given, in case of weariness to lie down immediately. October 2d I saw him in the morning, doing well. About 5 p. m. I happened to be passing, when I was hailed by his wife, and asked to come in quickly. I found him in bed, pulseless, with pale, anxious countenance, labored breathing, cold, clammy sweat, heart beating feebly and irregularly, and apparently in articulo mortis. I learned that, after sitting up an hour and a quarter, and while at stool, he complained of faintness, with the above train of symptoms. Quickly as possible I injected a drachm of whisky hypodermi-

cally over the cardiac region, at 5:12 o'clock. In about half a minute I felt a small, thready pulse. At 5:15 injected another drachm near heart; 5:18, pulse gone again from wrist, injected the same quantity in left arm; in half a minute pulse felt again at the wrist. At 5:20 half an ounce was given per orem, patient swallowing with difficulty; 5:25, pulse lost again, and cardiac pulsations almost imperceptible; injected one drachm over heart and a drachm in right arm; hot irons to feet, which are cold; state of complete collapse; again, in half minute, pulse felt; 5:30, half an ounce per orem; warmth returning; 5:40, one more injection of a drachm over cardiac region. From this time the character of the pulse improved, and the urgent symptoms seemed relieved. For one hour he swallowed half an ounce of whiskey every fifteen minutes; then every twenty minutes for another hour; and then every half hour through the night following. This large quantity was needed, for at a less interval the alarming symptoms tended to return. He lay for several days unable to move; but at last rallied, and in three weeks fairly recovered.

The first two cases, occurring in the course of pneumonia, might have been diagnosed as heart clot; but when we consider that the acute stage had passed, respiratory murmur being nearly normal, I think we may exclude that as the primary cause, and place all on the list of cardiac syncope. In all diseases attended by great debility, there is danger of this accident; and particularly in typhoid fever, where the febrile poison, high temperature, and diarrhœa induce a weakened, flaccid condition of the muscular structure of the heart.

All of these cases, you will observe, were apparently doing well. The acute stage had passed, and convalescence was established. Nothing indicated so grave a result, and it was only upon the increased exertion that the dangerous symptoms appeared.

The treatment of the fourth case explains itself. The obvious resort was the hypodermic syringe, with the good effect described. In this case I believe I met death in a hand to hand struggle, and conquered him.

Discussion.

Dr. F. C. Curtis said that he had met with several cases of heart weakening in the convalescent stage of typhoid fever, the symptoms of which were quite dissimilar to those of cardiac syncope reported. The predominant condition is that of weakened heart action, coming on without any suddenness of onset, and lasting for several hours, perhaps during a day, and always terminating, so far as observed, fatally. It usually follows some exertion on the part of the patient, or the ingestion of indigestible

or a too profuse quantity of food. It invariably comes only after defervescence. There is none of the extreme gravity of symptoms as in the cases reported; indeed, sometimes there is no appreciation on the part of the patient of his approaching end. The brain continues to be well supplied with blood, and there is generally no marked dyspnœa. The extremities are cold, the pulse very weak and gradually disappearing; finally, restlessness, pallor, loss of mental control, and death. It is one of the manifold complications due to degeneration of the muscular tissue of the heart in typhoid fever. Very likely clot forms here, but secondary to this heart weakening. Alcoholic stimulants seem to have no power to whip the heart to action. The impression that alcohols are useless in medicine is largely due to the fact of their failure in these cases. Ether has no more effect, or at least only a temporary one. The application of heat to the epigastrium by a small plate, readily heated on a stove or by dipping in hot water, is one of the most immediate means of stimulating the heart; but in this condition, nothing avails.

Dr. A. Van Derveer. In the cases reported, Dr. Collier was unable to make a post-mortem; hence, it is impossible to tell positively whether death occurred from cardiac syncope or from heart clot. Frequently, in cases where death from cardiac syncope had been diagnosed, the heart clot found has been really a surprise.

In a case of Bright's disease there had been suppression of urine for twenty-four hours, which, however, yielded; and, urine passing freely, danger was thought to be passed. During the night following, he seemed to sleep quietly, his wife noting that he was breathing, quite late in the night. In the morning it was found that he was lying quietly and dead. At the autopsy a clot thirteen inches long was found in the aorta. The existence of heart clot, while often a matter of doubt, is not always impossible of diagnosis. I never saw a post-mortem where cardiac syncope was expected in which heart clot was not found.

Successful stimulation, after great loss of blood, is secured by rapid and continued hypodermic injection of whiskey; but in fatty heart I have seen no good results from alcoholic stimulants.

A CASE OF CARDIAC SYNCOPE.

Reported February 25, 1880.

BY S B. WARD, M. D.

A clergyman, a resident of New York, aged 67, who was always pale, though never known to have any organic disease, appeared for the last year or more to be in a state of "nervous exhaustion." Three or four years ago he had pains in his chest and arms, and a slight cough, and was supposed to have

weak lungs. His family are healthy. In November last he returned from a three months' trip in Europe, feeling as well as ever, and preached in this city on last Sunday morning, the day of his death. After preaching, he spoke of feeling fatigued only, but during dinner he excused himself, and went up stairs to his room. He complained of pain in the chest, and general distress and faintness.

In about twenty minutes after leaving the dining-room, he was dead. He was last seen alive about five minutes before death occurred, and in that interval he had gone from one chair to another, and was found in a reclining chair in a nearly horizontal position; the head was turned to one side; one foot had fallen to the floor.

I arrived immediately after he was believed to be dead. The heart could not be heard to beat, the mirror before the mouth was not moistened, the mirror on the chest cast no vibrating reflection.

An autopsy was held next day. The skull was not opened. The left kidney was larger than the right, but neither kidneys nor liver appeared to have undergone any pathological change. All the abdominal organs presented a condition of remarkable health. At the apex of the left lung there were pleural adhesions; on the right side there were similar, but more extensive adhesions; the lung tissue appeared perfectly healthy.

The walls of the heart presented a normal appearance, both as respects size and absence of pathological change, and contained no clot. No portion was permitted to be taken for the microscope. The chordæ tendinæ and mitral valves were somewhat thickened, aortic valves slightly insufficient, tricuspid valves normal. The aorta generally presented a condition of atheroma, with calcareous degeneration at a few points. The left coronary artery was atheromatous, calcareous, and constricted in calibre. The right coronary artery had undergone degenerative change, but to a less extent than the left.

The result of this autopsy was the diagnosis, *Cardiac Syncope*, dependent upon the diseased condition of the aortic valves and coronary arteries and on the fatigue of the morning's work. The pains that had occurred at different times were probably those of angina pectoris. Heart clot is usually absent in case of sudden death, except when, in embolism of the brain, the heart clot is present from which the embolism is broken off. Heart clot is generally an indication of slow death.

Discussion.

Dr. Wm. Geoghan. Clot in the heart in sudden death may be regarded as the cause; in slow death, a result. A heart whose nutrient vessels were ob-

structed would necessarily undergo tissue change, which microscopic investigation would probably have demonstrated in this case.

The PRESIDENT mentioned the sudden death that occurred about two years ago, of a prominent business man in Albany, who was just past middle life, and apparently in sound health. Both coronary arteries presented a condition of atheroma; the calibre of one of them was nearly obliterated.

Dr. A. VAN DERVEER. In a similar case in Troy, the coronary arteries were in a condition of calcification; and in a second case, in this city, besides the atheromatous change, the heart wall was in a condition of abscess. Restoration from cardiac syncope may be facilitated by placing the patient in the horizontal position.

Dr. P. B. COLLIER. While the horizontal position is essential, hypodermic injection of stimulants is also useful. Was called to-day to see an elderly lady, with phthisis, apparently dead. After hypodermic injections of whiskey, the heart-beat returned slightly. The patient did, however, not finally rally.

Dr. WARD. The pain alone of the hypodermic puncture will assist in reviving the heart's action. Have seen temporary restoration brought about by striking upon the soles of the feet. I prefer the use of warm applications, either dry—as a heated plate or saucer—or moist, immediately over the region of the heart.

Dr. GEOGHAN spoke of permanent restoration from apparent death, by injections of ammonia into the veins.

Dr. WARD. An injection into a vein passes directly into the heart, and the ammonia has a local effect on the heart wall.

Dr. N. L. SNOW. Rest and the horizontal position are important points in the treatment.

I was called to see a tramp, who had walked from Pike's Peak to Albany. On the day of his arrival he was not in condition for careful examination, and there was no appearance of danger in his case. On entering the house the next morning, his friends thought him dying; his spiritual adviser, who had been in conversation with him for the previous half hour, had just observed that the man had turned pale, and had settled back in his chair, the head bending forwards on his chest. This was the condition in which I found the patient, bolt upright, stone dead, no pulsation of the heart, no appearance of life. We laid him in a horizontal position, and applied restoratives, but were unable to revive him. I regard the death of this man as hastened by emotional shock, from the excitement of a protracted conversation on his personal irreligion, which brought on Cardiac Syncope, and which might have been avoided by rest and horizontal posture.

Dr. J. THOMPSON. The credit of injecting ammonia into a vein, in cases of syncope, is due to Dr. Janeway. The local stimulus of piercing the heart wall with a needle can also be employed. Special attention to the use of stimulants is demanded at the various "weak stages" in the twenty-four hours.

Dr. A. VAN DERVEER. Hot applications should be made in a condition of Cardiac Syncope, both anteriorly and posteriorly over the region of

the solar plexus. The use of hypodermics of ammonia in Cardiac Syncope from rattlesnake bite, had led him to similar treatment in Cardiac Syncope in a patient who had lost much blood. Hypodermics of whiskey had been given with but little effect, and seven drops of aqua ammonia were injected into a vein. The effects of the two stimulants were about the same. The patient did not eventually survive.

Dr. J. L. Babcock gave the details of a case of heart disease, in which frequent attacks of pain, apparently angina pectoris, occurred, and attended by alarming prostration. Morphia, given for the pain, induced vomiting. She has albuminuria, and scanty urine. He invited suggestions as to treatment.

Dr. Collier suggested nitrite of amyl for the case described.

The President advised extreme caution in the use of nitrite of amyl.

Dr. L. Hale. Although nitrite of amyl has been classed with poisons, yet I believe that no case of fatal poisoning by it has ever been known. I gave about an ounce of it to a patient in the space of an hour preceding an epileptiform fit. The fit was not prevented. The physiological symptoms of nitrite of amyl immediately presented themselves; a flushed face, and after the first few inhalations a sudden and brief hysterical attack of weeping, which was cut short abruptly as the administration of the evanescent drug was momentarily suspended. The hysterical symptoms did not recur during its continued use.

In a case of emprosthotonos in a demented epileptic that Dr. Stonehouse saw with me several years ago, nitrite of amyl was used very freely with the effect merely of changing the severe tetanic character of the spasms to a tumultuous and clonic form.

These instances show that large quantities of nitrite of amyl can be used without danger.

Dr. J. B. Stonehouse said that in the case last mentioned, and in others, he had observed that nitrite of amyl may be given advantageously in doses as large as thirty minims; but no increased benefit is obtained from doses that are larger than are sufficient to develop the full physiological effect of the drug.

Dr. Van Derveer said that nitrite of amyl has failed to give the results that were anticipated from its use in epilepsy.

Dr. Collier spoke of nitrite of amyl as a preventive of heart paralysis in chloroform narcosis.

Dr. Snow has often used nitrite of amyl with good effect, especially in cases of asthma. Has never had any bad result himself, and noticed an article recently, in which its use was reported in several hundred cases, and its author regarded it equally as safe as ether or nitrous oxide.

THE TURKISH BATH; ITS PLACE AS A THERAPEUTIC AGENT.

BY E. A. BARTLETT, M. D.

The Turkish Bath is essentially a hot-air bath, and the dryer the air the better the therapeutic effect.

Most of the accidents occurring in its use may be attributed to one or both of two things, viz: moist or impure air in the "hot room," or the too long application of water in the "cooling off" process.

The temperature of the air in the rooms will vary from 110° F. to 190° F.; this latter only in exceptional cases, the usual highest temperature being 160° F. Notwithstanding the body is surrounded by this hot air, if it be dry and the person perspires freely, his own temperature does not rise over one degree. The pulse is increased twenty or more beats, the respirations are somewhat quickened and the inspirations deepened; consequently the blood receives and carries more oxygen, in a given time, to all parts of the body, at the same time there is eliminated from it more effete matter; and thus, *cæteris paribus*, the nutrition is improved. The hot air applied in this way to the broad peripheral expansion of the nerves, acts as a soothing embrocation when they are irritated, and quickly relieves neuralgias; it also stimulates the skin, drawing to it the blood, thereby relieving stases in the larger venous trunks and removing congestions. In the Cork (Ireland) Lunatic Asylum they use them at the rate of two hundred a day, largely for the relief of cerebral congestion.

The massage of the joints and muscles removes soreness and renders them supple, as well as soothes a general restlessness and relieves fatigue. The application of cold water as a finish tones up the skin, and enables it to modify sensations produced by vicissitudes of temperature or weather before they reach the nervous centres.

In view of these facts, we conclude that the bath will produce a derivative, depuratory, tranquilizing, and tonic effect. The citation of a few cases will serve to illustrate and confirm the conclusion.

Case I. J. C., aged 40, lawyer, presented himself, with the following symptoms: intense headache, conjunctivæ injected, pupils contracted, some vertigo, with tinnitus; pulse 50; temperature 98° F.; says he is subject to these attacks—has been for several months; sometimes has had slight formication in

right forearm; bowels only moved by a cathartic daily; appetite capricious.

He was put into a temperature of 135°., and watched for three minutes, when a gentle perspiration appeared upon the forehead, and the pain in the head almost entirely ceased. The pulse at this time was 60; in ten minutes it had increased to 80, and the body was bathed in perspiration; the pupils about normal, and acted quickly upon stimulus of artificial light. The regular process of the bath followed, the temperature of the body upon leaving the hot room being 98.4° F. After an hour's sleep in the dressing-room, patient went away feeling in excellent condition. After a week had had no recurrence, and his bowels moved freely twice a day. One year from the time had felt nothing of his old trouble.

Was not this a derivative action?

Case II. A. F., aged 28; freight conductor; has suffered with chills and fever of tertian type until the last month, when they became quotidian, notwithstanding his having taken as high as forty grains of quinine daily. Having been sent by his physician, with the request that he be given ten grains of quinine and a bath, the medicine was administered, and as the chill came on he was put into the temperature of 140° F., with almost immediate relief of the chill. The pulse rapidly rose to 128, and he complained of severe headache. No perspiration having appeared at the end of eight minutes, he was sponged with tepid water and wrapped in a sheet, when at once perspiration started upon the forehead, with relief of the headache. In twenty-five minutes, fifteen of which were passed in a temperature of 180° F., he was manipulated in the lavatory, took the cold douche, and being dried, lay down and slept for four hours, awaking not in the least debilitated. When he presented himself the next day, had experienced no return of the paroxysm. This was the last bath, and three months later his physician reported him as having had no return of the chills, taking no quinine, and attending to his regular duties.

Case III. W. F. M., aged 20; printer; fair, with slender frame, and narrow chest. Several years ago had glandular swelling in the axilla. Presented himself for advice with regard to a swelling in his neck, due to an enlargement of the left parotid gland. Tincture of iodine was applied, and it subsided, but soon after similar enlargement of the right parotid occurred. Bowels very irregular, and appetite capricious; tongue thickly coated, and breath offensive. The neck was painted with tincture of iodine, and Turkish Bath twice a week advised. The first bath was followed by an excessive bilious diarrhœa, which was succeeded in a few days by a healthy daily

evacuation, the baths being continued. In two or three weeks his general health was much improved, appetite was good, had gained two pounds in weight, and no return of the swelling. At the end of three months, when for pecuniary reasons the baths were discontinued, his general condition was still better, tongue being comparatively clean, the bowels acting regularly, and gain in body weight of ten pounds. When seen twelve months later, he was in the enjoyment of good health.

Though not a cure, this case, with the preceding one, shows the depuratory effect of the bath, together with its power to increase the nutritive function.

Case IV. Mrs. ——, aged 45; married, and has several children; apparently enjoying the best of health, possessing considerable embonpoint. Came to the bath complaining of nervous restlessness, irritability of temper quite unnatural to her, and nervous chills. The bath as ordinarily given served to remove all of this disturbances, and for two years has been continued as a luxury.

Case V. W. B., aged 35; clerk; had been troubled nearly a year with trigeminal neuralgia, which had become so severe that he was scarcely ever free from paroxysms of pain for more than two hours at a time. His physician had labored faithfully to relieve him, but without success. He entered the bath, and the temperature was at once raised to 140° F. After fifteen minutes he drank a glass of cold water without having a paroxysm, something he had not been able to do for three months. In half an hour he was in a profuse perspiration, but at his own request he remained another half hour, the last few minutes in a temperature of 160° F. The bath was finished in the usual manner, with the application of cold water. He suffered no paroxysm during the whole of it. Baths were advised at intervals of three days, but the pain recurring next morning he took another, and followed them up daily for a week, the paroxysms becoming less frequent and being much modified in severity. The interval was then gradually increased, and after five weeks baths were discontinued. Six months after had had no return.

These cases illustrate the tranquilizing effect of the bath.

Case VI. M. L. R., aged 47; merchant. About two years ago, prior to which time he had enjoyed good health, suffered family affliction; began soon after to lose in flesh, appetite, and inclination for work; food began to distress him, he became hypochondriacal, could not sleep, and finally gave up business altogether. When he presented himself, he was pale and haggard. He was advised to take plenty of exercise in the open air, attending to his business one hour daily, and a bath was given every other day. At the end of a week the intervals

were lengthened, and the baths continued for six months, he improving until all symptoms of debility had passed away. Since then he has attended regularly to his business, gained in body weight and muscular development.

Case VII. Mrs. G. G., aged 38; widow, mother of two children deceased. At the time she presented herself was not able to walk from the carriage to the door alone; could not remove her clothing or help herself, from exhaustion; was hypochondriacal, and at times suffered some mental aberration. No uterine trouble was discovered, and there was no history of any hereditary disease. Moderate passive exercise in the open air was recommended, and the bath twice a week. Almost no water was used in the bath, reliance being placed upon the hot air for oxygenation of the blood, and massage and cold plunge for tonic effect. The first and second bath almost disheartened her, headache and general disquiet following them; the third bath produced no ill effect, and after the fourth she was able to walk to her carriage alone. She progressed favorably after this on one bath a week, and at the end of six months was considered well.

From what has been said it will appear that, in the hot dry air bath, the physician has a therapeutic agent which not alone has power to remove much that is evil in the constitution, and has the power to protect the system from many foreign foes, but one which is contraindicated in but few cases.

Discussion.

Dr. M. J. Lewi said that in Vienna, after an attack of bronchitis, he was reduced in weight to 134 pounds, but while using the Turkish Bath he gained 34 pounds in four months.

Dr. J. C. Hannan asked what proportion of patients treated by Turkish Baths recovered or were benefited. He related a case in which the effect was not good.

Dr. Bartlett said that injury has only occurred from the application of water in the hot room, or from lack of exit of impure air. There must be abundant ventilation, and a free supply of fresh air.

In his experience less than 5 per cent. go away without some benefit, although more than 50 per cent. of patients are uncured, for the reason that it is the dernier resort for incurable cases.

Dr. N. L. Snow said that, aside from its pleasure and comfort, the Turkish Bath is becoming more popular as a therapeutic agent. Dr. Bartlett has spent much time in remodeling his Hygienic Institute, and has introduced a most perfect system of ventilation.

He moved that Dr. Bartlett be requested to publish his address in pamphlet form. The motion was carried unanimously.

Dr. A. Van Derveer said that he fully endorsed the remarks of Dr. Snow. He had sent patients to Dr. Bartlett for treatment with the Turkish

Bath, and he had had a pleasant personal experience himself. He had recently had rheumatism, and after using salicylate of soda without marked benefit, he was at last relieved by a Turkish Bath.

Dr. HARRIET A. WOODWARD spoke of a case of prolonged amenorrhœa, where menstruation and health were restored by the Turkish Bath. The patient still continued the baths as a luxury, and would follow the Turkish Bath with a cold plunge, even during menstruation.

IODINE IN INTERMITTENT FEVER.

BY WM. GEOGHAN, M. D.

I present to you to-night merely my experience of the past year in the direction indicated by the title of this paper. I have under my charge a class of patients who have contracted malarial disease at the very fountain-head of infection, the swamps of the South. In the treatment of them after the orthodox method, with quinine, the high price of this drug, and the quantity needed, led me to look for something to replace it, equally efficacious and less expensive. My experience of the past year in forty-three cases of intermittent fever, has convinced me that Iodine possesses equally with quinine the property of averting the paroxysms of intermittent fever, while it also exhibits a tonic effect, repairing the damages due to malarial poison.

My first attempt to administer Iodine was not successful. I used the tincture, and although it was largely diluted with water, and directed to be taken after eating, it was promptly rejected by the stomach. I then tried an aqueous solution with iodide of potassium and glycerine, and have found it to be well borne, given in doses containing $\frac{1}{3}$ of a grain of Iodine, three times a day.

Out of the forty-three perfectly developed cases of intermittent fever, with well marked, regular paroxysms, and of a duration of from two to ten years, the Iodine has only failed in four cases. In two of these I have since tried arsenic and quinine, separately and combined, without success.

In most cases there was one chill after the administration of the Iodine, and in only five cases was there more than one.

Discussion.

Dr. P. B. COLLIER had used the tincture of iodine, but had not been troubled by the vomiting referred to in the paper.

He had given from five to fifteen drops in sweetened water once in four hours. Usually two chills, and no more, have occurred under this treatment.

NASO-LARYNGEAL SYPHILIS.

BY J. W. MOORE, M. D.

Secondary syphilis of the nose usually makes its appearance in the same manner as an ordinary catarrh or cold in the head. The discharge is thin, watery, and acrid, affected by change in temperature, or it may be scanty, thick, and yellowish. Usually it is attended by pain, extending to the frontal, maxillary, and sphenoidal sinuses, and there is a sense of obstruction of one or both nasal passages. The voice is altered, and sense of smell lost.

On rhinoscopic examination, the membrane is found dusky, red, and thickened from the infiltration and inflammatory swelling. The whole vault of the pharynx will be found to participate in the condition, including the orifices of the eustachian tubes, a frequent cause of deafness. There is no ulceration at first, but this is almost certain to occur if the disease is not arrested. This condition usually occurs with the early secondary skin affections.

The diagnosis of nasal syphilis from simple nasal catarrh is not at all easy, in the absence of other symptoms of syphilis. It can only be distinguished in such cases by therapeutic effects. If proper local treatment, tried for a reasonable length of time, fails of result, specific treatment must be adopted. Many so-called cases of obstinate naso-pharyngeal catarrh, have shown their syphilitic origin by responding to specific remedies.

In the tertiary form of the disease ulceration of the mucous membrane occurs, and gradually extends to the bones, producing necrosis. The periosteum or fibrous mucous membrane is frequently attacked primarily. This condition is termed syphilitic ozena. The discharge is fetid, and the breath very offensive. Loss of the turbinated bones produces permanent deformity of the nose. Sometimes large mucous plugs, thrown off only by violent effort, are found in the posterior nares. The posterior surface of the soft palate is often the seat of syphilitic ulcerations. They are seen, by the mirror, to be covered with a greyish crust, around which there is more or less purulent secretion.

Not all ulcerations of the nasal passages, however, are syphi-

litic. They may occur in struma, or to persons whose work necessitates the inhaling of vapors containing mercury, arsenic, or other metallic substances, which, by their constant irritation, set up a condition of ozena. It is possible, too, for a similar disturbance to follow typhoid fever, or other exhausting diseases.

Treatment.—In addition to internal treatment, the secondary manifestations of this disease are to be treated by ablution. With the posterior nasal syringe, the parts can be pretty thoroughly cleansed, using solutions of chlorate or permanganate of potash or of common salt, taking from four to twelve syringefuls. After this, I apply a spray of carbolic acid, 3 grains, sesquichloride of iron, 5 grains, chloride of zinc, 2 grains, sulphate of zinc, 5 grains, or tannin, 5 grains, to the ounce of water, or any astringent solution which may seem best adapted to the case. I always follow at the close of the treatment with a spray of a saturated solution of bromide of potassium, which is then soothing to the irritated surfaces.

In ozena, dead bone and hardened crusts should be removed, being sources of irritation. For the latter purpose, the parts may be douched with the antiseptic solutions twice a day. Nitrate of silver, fused on an aluminum rod, or sulphate of copper in solution, are to be applied to the ulcers. A very soothing application is a mixture of iodine, iodide of potassium, and glycerine. Tonics should be given with antisyphilitics.

Syphilitic laryngitis is generally the result of extension of the disease from the anterior arches of the soft palate. It is not distinguishable from simple catarrhal laryngitis; a syphilitic history, or obstinate resistance to local treatment, will suggest its character. In the tertiary stage, condylomata and ulcerations occur, and are characteristic. The former are either flat or small projections on the posterior walls of the larynx. They lie over the glottis, and impair phonation. Ulcers may form anywhere on the larynx and epiglottis; they are uneven, sharply defined by a red, elevated border, and are deep. The destruction of tissue is rapid, unless arrested by treatment.

As to frequency of syphilitic laryngitis, 40 to 50 per cent. of cases at the throat hospitals are syphilitic.

The prognosis of the simple form is fair, but of ulceration it is often grave. The vocal cords are sometimes quite destroyed, and there may occur a complete closure of the larynx. Tracheotomy being done for this, persons of vigorous strength may live for years in comparative comfort.

The internal treatment is not peculiar to this form of syphilis. Locally, in the early stage, solutions may be applied of sulphate of zinc, perchloride of iron, or nitrate of silver. For the thickening of the vocal cords in chronic cases, chloride of

zinc or sulphate of copper, or a solution of iodine, 3 grains, iodide of potassium, 6 grains, in an ounce of glycerine, may be applied. Vapor inhalations are of much service. I use at the Dispensary in Troy tincture of benzoin, vaporized by steam. Abstinence from alcoholics and tobacco should be insisted on.

In the tertiary stage, where ulceration has taken place, or a gummatous tumor not yet softened causes distressing dyspnœa, I believe that the use of large doses of iodide of potassium is to be relied on, raising the amount to 6 drachms daily. Cases have been saved from tracheotomy in this way. Locally, insufflations of iodoform and sprays of carbolic acid are very beneficial.

CALCAREOUS DEGENERATION AND OSSEOUS METAMORPHOSES IN THE EYE.

BY THOS. FEATHERSTONHAUGH, M. D.

I present this evening several specimens showing calcareous degeneration occurring in the lens and other parts of the eye. In one case nearly the whole interior of the eye has been converted into a semi-solid, chalky mass.

Formations of true bone within the eye are not to be classed among the degenerations, but among the metamorphoses, a true change from one type of tissues to another. I present a specimen, with the following history:

The former owner of the eye exhibited is a man of about forty-five years of age. He gave a history of injury to the eye eight years ago by a percussion cap flying from the gun which he was firing. Painful inflammation (irido-choroiditis) supervened, and the eye became totally blind. General atrophy ensued, and the man got along very comfortably for a few years. He, however, began to have severe pain in the injured eye; at times the pain was violent, and again at times it moderated. On account of the pain, and some irritation about the other eye, he presented himself at our office on January 28. The injured eye was much atrophied, as you see; it felt hard on pressure, and was quite intolerant of manipulation. The other eye showed symptoms of sympathetic irritation, and enucleation was advised, which was performed the next day. On making an equatorial section of the eye, the following condition of affairs was found, all of which you will not be able to make out, owing to the disturbance of the relations of the parts

in further dissection: A perfect ring of bone* will be seen immediately behind the ciliary body; the disorganized lens is partly surrounded and held fast in the central perforation of the bone; the ciliary body is much atrophied; the retina was detached from the choroid, and ran in a cylindrical shape directly forwards from the optic nerve to the aperture in the bone; the choroid remained *in situ*. No other deposits of bone or chalky matter were found about the eye, neither did we find the foreign body. The man made a good recovery, and returned to his home on the second day after the operation.

Discussion.

Dr. MAURICE J. LEWI. In the museum at Heidelberg there is a specimen of general calcification and ossification of the muscles of the human body; even the long muscles are ossified, and the thorax is one mass of bone. The course of the pathlogical change had been watched during life. The specimen is one of very few in existence.

Dr. N. L. SNOW. Did the ossification occur before or after death? We once had in this country a petrified man—the Cardiff Giant!

Dr. WM. HAILES, Jr. In the Trinity College (Dublin) Museum there is a specimen of general calcification, with calcific deposits in the muscles of the trunk and extremities, and even the inferior maxilla was fastened firmly to the superior maxilla by calcareous matter.

In the lower animals the sclera is composed of cartilage instead of fibrous tissue; this condition is readily seen by dividing the sclera of a frog, and staining a section with carmine, when it can be seen under the microscope to be clear hyaline cartilage. This fact in comparative anatomy may yet, in the further study of the development of the eye, give some light relative to the origin of bone in the eye.

Dr. FEATHERSTONHAUGH. No cartilage has ever been found in the human eye.

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*Microscopic sections of this formation have since been made by the kindness of Dr. Wm. Hailes, in which are seen the characteristics of true bone in every particular.

EDITORIAL.

SHALL WE ENDORSE THE METRIC SYSTEM?

In 1866 the Metric System was declared optional for use in the United States, but it is only within the last three years that expressions favorable to it have been elicited from a considerable number of medical and scientific organizations. The Medical Society of the County of Albany, either through enthusiasm or indifference, has, by a unanimous vote, endorsed it; men that are prominent in the medical profession have now become admirers of the system; and at the present date, in most of the new medical books, and in many of the best medical journals, prescriptions are expressed in metric terms. The friends of the system, not content with the act of Congress legalizing its use, prepared last winter a bill to make the metric system compulsory.

Popular feeling appears to be adverse to the Metric System; and organized opposition, not only to the compulsory bill referred to, but to the system itself, now exists, in the form of the "International Institute for Preserving and Perfecting Weights and Measures." Branches of this Society have been organized in Boston, Cleveland, Pittsburgh, and elsewhere, apparently under the leadership of Piazzi Smyth. Charles Latimer, of Cleveland, has written a pamphlet on "The French Metric System," published by Thos. Wilson, 188 Monroe Street, Chicago, which claims to show that the time and place of the French Revolution and the worship of the Goddess of Reason, did not produce a Metric System worthy of adoption by the world. The writer shows that the metre is an unknown quantity, as various surveys of the quadrant of the earth's meridian have given various results. He claims that a quadrant of a circle—a curved line—is an unscientific basis of measurement, but that the astronomer's measuring rod, the earth's axis—a straight line—is a truly scientific basis. He shows the inaccuracy of transfers from terms of existing systems into equiva-

lents of the Metric System,—an inaccuracy that, although trifling in Pharmacy and Surgery, is serious in other arts, and among mechanics and business men; hence, memorials to Congress from medical societies, favoring the Metric System, should have less weight than the views of parties who would be more directly injured by compulsory use of the system.

The *Champion* (New York) of May 22, 1880, answers a correspondent's question, as follows:

* * * * * * *

The authority for the variation of the meridians is any authorative book of science of not more than twenty years old. For many years science suspected this variation, and it vitiated calculation; but not till lately were scientists able to define and demonstrate the same. The wonderful progress in geodesy has shown that the earth's equator was not a circle, but an irregular curvilinear figure. So, as Prof. Piazzi Smyth, the Astronomer Royal of Scotland, says, page 47 of fourth edition of "Our Inheritance in the Pyramid": "The earth is ellipsoidal on the whole, so that it has many different lengths of equatorial diameters, and therefore different lengths of quadrants of the meridians in different longitudes." This fact has been written upon and confirmed by M. de Schubert, of the Imperial Academy of St. Petersburg, and Sir G. B. Airy, Astronomer Royal of England, besides other well known scientists.

Ignorance or indifference of these variations by the French savants in the production of their famous meter renders the same unfit for a universal standard of measure, as they themselves have to acknowledge an error of several seconds. * * * John Herschel says it "was not a blunder only; it was a sin against geometrical simplicity." It was a sin, because in the earth's axis they had a straight and unvarying line. * * The maximum variation is not yet fully settled. * * I suppose it would be about fifteen degrees. * * *

Yours, kindly, JOSEPH WILD.

The editors of the ANNALS are at present unwilling to abandon the old system.

Died at Cohoes, N. Y., on the 3d day of May, Dr. WARNER VAN STEENBERG, of phthisis pulmonalis, ætat 48.

Known to few members of the Society outside the sphere of

his professional activity, and during the last few years of his life an infrequent attendant of our Society meetings; yet, to those who were admitted to his intimacy and friendship, the brief words that tell of his tranquil surrender to his long expected fate, will come laden with the sadness of a personal loss.

Dr. Van Steenberg graduated at the University of Vermont, in 1856, and after a few years of practice at Skaneateles, entered the Army at the outbreak of the War, as assistant surgeon to the Fifty-fifth New York regiment. Rising to the rank of surgeon, he remained in the service until the end of the War, when he settled in Cohoes, and there practiced until his death.

Dr. J. V. Lansing, a member of this Society, and Medical Officer in charge of Dannemora Prison, was accidentally drowned on Sunday, May 9, 1880.

Unavoidable delay in collecting material, postpones a fuller obituary notice until the next number.

Removals.—The following removals among the physicians of this county, recently, have been reported to the Secretary: Dr. Henry March, to 228 State street, near Swan; Dr. E. Van Slyke, to 320 South Pearl street; Dr. J. P. Boyd, Jr., to 212 State street; Dr. H. R. Haskins, to 706 Broadway; Dr. J. H. Blatner, to 132 Hudson avenue; Dr. G. H. Newcomb, to 94 Chestnut street; Dr. U. B. La Moure, to 113 Hamilton street; Dr. Otto Ritzman, to 200 Lark street, corner of Spring street; Dr. A. T. Van Vranken, to 31 Union street, West Troy; Dr. H. V. Hull, to 56 Jay street, Schenectady; Dr. E. T. Rulison, to Amsterdam, Montgomery County; Dr. T. B. Van Alstyne, to Richmondville, Schoharie County; and Dr. M. W. Brooks, to Lexington avenue and 113th street, New York City. The last four, under the Society by-laws, become non-resident members.

The receipt of the following exchanges is acknowledged:

Country Practitioner, *El Medico y Cirujano Centro-Americano*, *St. Louis Clinical Record.* Also, circulars from Surgeon-General's Office, U. S. A.

Mr. Charles H. Gaus, of this city, was recently elected a delegate to the American Pharmaceutical Association, by the State association. The meeting will be held at Saratoga, September 14.

HOSPITAL NOTES.

BY SHELDON VOORHEES, M. D.,

Resident Physician and Surgeon, Albany Hospital.

Iridectomy for Artificial Pupil. Service of Dr. C. S. Merrill.

C. L., aged 38; admitted September 23, 1879. On the 4th of July last, by the premature discharge of a cannon, he received injuries about his face, neck, and arms, from which he had only just recovered at the time of his admission. The left eye was atrophied. In the right eye the cornea was clear for a small space in its upper part; the rest of it was opaque, and closely adherent to the iris. Through this space of clear cornea the patient could only distinguish light. Under this clear space in the cornea iridectomy was performed; the eye was then bandaged, and the patient kept quiet in bed. A solution of atropiæ sulph., four grains (0.25) to the ounce (32 c. c.), was ordered to be dropped in the eye three times a day. Directly after the operation he could count fingers, and as he recovered from the operation the sight improved.

October 15, 1870, he could walk around alone without trouble, could distinguish objects readily, and with glasses could read coarse print. Considering the extent of the injury, the result was highly gratifying.

Operation for Senile Cataract. Service of Dr. C. S. Merrill.

Patient, a female, aged 79; admitted January 22, 1880. Sight good up to the age of 50, when she found it necessary to use glasses. Began to have misty vision last August, which increased until her sight was completely gone, cataract having formed in both eyes.

Von Graefe's operation for removal of the cataract in the right eye was done January 23, 1880. Both eyes bandaged, and patient kept quiet in bed.

January 26—Bandage removed, room darkened, and eye shaded. Patient can count fingers readily.

February 7—Patient left the hospital to-day, being able to walk out without help, and with glasses will be able to read.

Eczema Rubrum, following Venuos Thrombosis. Service of Dr. F. C. Curtis.

B.V., aged 47. Fourteen years ago, while in the Army, he had typhoid fever, and during convalescence venous thrombosis of the left leg appears to have occurred. An eczematous condition in the course of a limited time was set up, and has continued up to this time. On admission the leg was very painful (although he had been in a recumbent position for several days), swollen, bright red, oozing moderately, and denuded of epithelium, small islands of young epithelium, easily wiped off, showing here and there. His general condition was not good, the disturbance showing mostly in gastro-hepatic derangement.

Calomel, in small doses, every third night, followed by a seidlitz powder, was ordered, and acetate of potash, ten grains (0.65) three times a day, in a bitter tincture. An infusion of viola tricolor and senna took the place of the calomel after a little time. Local treatment began with the use of the rubber bandage alone, the foot of the bed being slightly raised, and the recumbent position enjoined. Washing the leg with friction was not allowed. Only very moderate pressure could be borne at first, and the thin bandage worked best.

Oozing soon ceased, and the leg became dry and scaly on exposure to the air. Then the liquor picis alkalinus of Bulkley, in varying strength, from one-fifteenth to one-eighth, was cautiously used, with friction over small areas and on a compress over others. The swelling is now much reduced, and the skin shows considerable pliability and reduction in thickening; the patient is allowed to walk about the ward with the leg bandaged, and says he feels better than he has in a long time. Perfect recovery, however, is not looked for.

Acute Alcoholism.

A number of cases of Acute Alcoholism have been under treatment during the last few months. Three patients, robust, who had been drinking for a number of days, with loss of sleep and appetite, were given immediately the following:

℞

Tr. opii deod	f℥ j
Potasii bromid	℥ j
Ext. hyosciami fl	f℥ j
Chloral hydrat	℥ ss
Tr. capsici	f℥ ss
Tr. aconiti rad	m v
Spts. menthæ pip	f℥ ss

M.

Sig.—Take at one dose, and repeat in four hours if patient is not asleep.

One dose will usually keep the patient asleep for five or six hours, and upon awaking food will generally be taken with relish. The patient is kept thoroughly under the influence of this medicine for two or three days; after this, some bitter infusion, with some food, is all that is needed.

The object to be gained is rest, thereby checking the excessive waste of nervous force which otherwise takes place.

If the excited condition, after being once controlled, is allowed to return, much time is lost in securing convalescence; and for this reason, a condition of sleep or sleepiness for the first forty-eight hours of treatment, is favorable.

BOOK NOTICES.

——Common Mind-Troubles and the Secret of a Clear Head. By J. Mortimer-Granville, M. D., M. R. C. S., etc. Edited by an American physician. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880. Pp. 185.

If, as we have been so many times told, the essentials to a successful treatment of insanity consist in an early recognition of the disease and a prompt application of the remedy, this work is a very important addition to the literature of morbid psychology. The "mind-troubles" are such as form the border-land of insan-

ity, and are clearly described. "The sole purpose has been to seize on a few salient difficulties, and grapple with them in the interests of *Self-help.*"—[AUTHOR'S PREFACE.

The second part "The Secret of a Clear Head," will repay perusal by all who are interested in mental hygiene.

College and Alumni Notes.

The name of B. A. Mynderse, '53, Schenectady, N. Y., was accidentally omitted from the list of members of the Executive Committee of the Alumni Association, published in the April number.

Dr. W. O. Stillman, '78, Saratoga Springs, N. Y., was married at King's Chapel, Boston, Mass., April 17, to Miss Francis M., daughter of the late Franklin Rice, Esq., of Boston.

Dr. John P. Duffin, of Brooklyn, N. Y., died suddenly May 12. He was a homœopathic practitioner of considerable prominence. The newspapers announce that he came to Brooklyn from Albany about twenty-five years ago. It is supposed that he is the John Duffin who graduated in the class of '49.

Editorial reference has been made on another page to the death of Dr. John V. Lansing, a former professor at the College.

At a meeting of the Executive Committee, the Secretary was authorized to publish the proceedings of the annual meeting. It will contain, as usual, the addresses, and a full account of Commencemement exercises and the Banquet at the Delavan House.

Graduates of the College are requested to keep the Secretary, Dr. Willis G. Tucker, No. 4 Lancaster street, Albany, N. Y., informed of their whereabouts, that the publications of the College and Association may be sent them regularly.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **AUGUST, 1880.** **Number 4.**

TREATMENT OF CASES OF FRACTURE OF THE INFERIOR MAXILLA, WITH CASES.

BY S. O. VANDER POEL, JR., M. D.

Owing to the exposed position of the lower jaw, its frequent fracture is not to be wondered at, taking place as it does oftener than all the other bones of the skull. Direct violence is the usual cause of the accident. The seat of fracture is commonly between the symphisis and the insertion of the masseter muscle, where the bone is thinner; or it may occur at the ramus of the jaw, the coronoid process, or the condyle.

The different apparatus and splints which have been devised for the treatment of this injury are very various; but they can all be classified under the heads of ligatures, splints, bandages, and slings. The ligature is at the present day but little employed; still some German surgeons use it in obstinate cases, by drilling holes through the fractured ends and then wiring them together. The employment of ligatures passed around the teeth is very old, dating back as far as Hippocrates. There are many objections to it, and it is seldom effective alone. Under the head of splints, Kingsley's includes most of the advantages claimed for all, since the idea was devised by Kluge in 1799. By means of a plaster cast a vulcanite mold is made of the teeth of the lower jaw, from which arms of wire project and terminate near the angles of the jaw; the dressing being completed by a sling of strong muslin from one arc to the other, beneath the chin. This permits the opening and closing the mouth. Strict maintenance of the jaw at rest is very important in this fracture, no ensheathing callus being thrown

out; this is claimed by some not to be attained by this splint. It is also uncomfortable to wear, and is generally discarded by most New York surgeons.

In February, 1877, during my service as House Surgeon to Bellevue Hospital, I had under my care the following case of fracture of the jaw, during the treatment of which I devised an apparatus which seemed to meet the indications of the case:

James Smith, aged 38, of heavy weight and good muscular development, fell a distance of some 30 feet, striking his chin upon an iron rail. He was found to have sustained a double fracture of the lower jaw. The first, which was compound and comminuted, began to the right of and involved the symphisis, and was oblique in its direction, so that the anterior fragment was made at the expense of the internal face of the bone, and the posterior fragment at the expense of the external face. Through a ragged wound under the chin about two inches in length, which communicated with the cavity of the mouth anterior to the tongue, several fragments of bone were removed, the largest of which consisted of the entire mental process. The second fracture was a simple one, extending from the second molar tooth of the left side to the angle of the jaw. The body of the jaw upon the left side was, as you can see, merely a fragment. By muscular action and the direction of the force, it was depressed downwards and slightly backward, and when the jaw was closed was found to be some distance below the normal line of the teeth.

The swelling was very considerable, and owing to this and the obliquity of the fracture, complete reduction was impossible. The wounds were washed with carbolized lotions, and a Barton's bandage applied to keep the parts as far as possible at rest. It was found a most difficult and disagreeable case to treat, as through the existing wound communicating with the mouth, the saliva and food ran constantly, making it necessary to wash the mouth many times daily to avoid the fœtid odor. Five days after the receipt of the accident, the swelling having to a considerable extent subsided, it was deemed expedient to reduce the fracture, and Dr. Frank H. Hamilton's apparatus for fractured jaw was applied; but owing to the conformation of the patient's head, the occiput not being particularly well developed, the apparatus would slip, and the deformity recur. The success of Hamilton's treatment depends almost entirely upon the presence of a well-developed occiput, and when this is wanting it is almost impossible to retain it in position. Of a number of cases seen treated by him with his own method, there was not one in which it was not found necessary to readjust it very frequently. This may not be a matter of

great importance in simple fractures, but in one such as this its firm and constant retention in position cannot be overvalued.

After two day's trial of Hamilton's plan, it was discontinued, and a trial made to retain the jaw by means of a Barton's bandage made from plaster of Paris, with a fenestra cut under the chin opposite the point of compounding, to give the discharges free exit; but while the plaster was in process of hardening the fracture became displaced, and the attempt was abandoned. After some trials with plaster of Paris, the following apparatus suggested itself, and was applied in conjunction with an interdental splint made after the manner proposed by Hamilton:

The apparatus is made from the ordinary plaster of Paris bandage, 1½ inches in width, and is constructed as follows: A flannel bandage two inches in width is wound once around the head, beginning just above the ear, passing over the occiput, and so around to the starting point; this circular band is then secured by a pin; a second strip is started from the center of the forehead, ending at the occiput, where it joins the first strip; a third runs from ear to ear over the top of the head. The purpose of the flannel is merely to protect the head from the plaster. The plaster bandage is then wound around in the direction indicated by the flannel. When two or three turns have been made around the head, four strips of webbing three inches in length, with buckles attached, are placed in position, two anteriorly in the temporal region, and two posteriorly in the occipital region. These are held by successive turns of the bandage. With a final turn the flannel edge is turned in, so as to make a neat and finished border. When the plaster has hardened, a strip of webbing is passed under the chin, connecting the two temporal buckles, and a second in front of the chin from the occipital buckles.

The whole object of this splint is to secure some immovable points upon the head, from which points constant pressure can be obtained by the two straps passing under and in front of the jaw, tightening or loosening as the case may require. The advantages claimed are: First, that there is no danger of the apparatus being displaced, allowing a patient while in bed to assume any position he may desire. Second. These points can be established at any desired place, simply by changing the situation of the buckles. This will be found of advantage at times when the obliquity of the fracture and consequent tendency to displacement is great. In order to use it to the best advantage, first determine by examination at what points pressure can be used most advantageously; then place the buckles at these points. For example, one of the temporal buckles could be placed as far back as the ear, while the one on the

opposite side of the head might be just behind the eye, and the pressure still be firm and unyielding. Third. It allows of any existing wound upon the chin being dressed without disarranging the entire apparatus, or permitting the fracture to become displaced; for by simply loosening one buckle, and at the same time holding the jaw in position, the dressing can be made.

Under this treatment the case did very well, the jaw being held in perfect position, but on account of some comminuted fragment being retained which did not come away until the fifth week, union was somewhat retarded. Still, on the eighth week, he was discharged from the hospital, with firm union and the line of teeth almost perfect.

Michael Crowley, aged 40, admitted January 23, fell a distance of 15 feet on shipboard, and struck on his chin and chest; he then fell between the ship and the dock into the water. When rescued he was insensible, and gave the mixed symptoms of slight concussion and submersion. There was compound fracture of the inferior maxilla through the symphisis, the right fragment being displaced backward, with considerable shelving of edges: also a comminuted fracture of the second and third ribs. Blood from the fracture of the jaw flowed backward into the larynx, which, together with the water taken in, interfered greatly with his breathing. Several times he became very cyanotic, so much so that tracheotomy was thought of. The concussion symptoms gradually passed off, and the breathing became better. In this case so much difficulty was experienced in retaining the jaw in position that an interdental splint was found necessary. A dentist was called, who took a plaster cast, and from this made the interdental splint. This reduced the deformity perfectly so long as it could be held in position by Hamilton's external apparatus; but it would slip constantly, and needed to be readjusted several times during the day. Four months after the receipt of the accident, the patient was found still to have some slight motion at the seat of fracture. My object in reporting this case is to compare it with the one first related. Both were of a compound nature, and although this one was not so severe, the laceration of the soft parts not being so extensive, still here we find delayed union of several months, while in the first instance two months served to render the jaw useful. This, it seems to me, is in some measure due to the external apparatus employed and the different degrees of immobility maintained.

James Mullen, aged 23, admitted March 5, was struck in the face with a beer glass, which was thrown by a man standing some ten feet off, producing a fracture of the inferior maxilla, vertical in direction and just posterior to the last molar tooth.

Externally there was but a slight incised wound, which did not compound the fracture. The fragments were in good position, and were easily retained by a Barton's bandage. A note made on the 30th states that the external wound is closed, swelling subsided, jaw in good position, and union taking place. April 6—Jaw consolidated, no deformity, and was to-day discharged cured. This case goes to show that when the fracture is vertical, with little shelving of the fractured ends, as is usually the case when the break is back in the region of the angle of the jaw, simply a Barton's or a four-tailed bandage will serve to the desired end, no interdental splint or other apparatus being required. For the above reason I did not apply my apparatus.

Catherine Smith, aged 35, three days before admission to the hospital, was knocked down and kicked several times in the face by her husband. Examination showed an oblique fracture to the right of the symphisis, with the usual shelving ends protruding through the mucous membrane. A second fracture was found at the angle on the right side. The soft parts of the face were considerably contused, with eccymotic spots under the eyes. The jaw was confined by a Barton's bandage, no attempt being made to reduce the deformity, which was considerable, on account of the swelling. Three days after admission, the swelling to a large extent having subsided, the fracture was reduced, and retained in position by means of an interdental splint and plaster cap. The interdental splint only covered the anterior fracture, as the one at the angle, being transverse, was retained by temporal strap of the head band. The patient did well until the twentieth day, when a painful induration formed at the seat of fracture, under the temporal strap, due to the constant pressure exerted by this strap. The buckle was moved further forward, so as to change the point of pressure, and hot fomentations applied. An abscess formed, and was opened, after which the patient made a good recovery, and was discharged with firm union and no deformity on the fifth week.

On reference to the case book of the hospital, I found that in 25 recorded cases of this fracture, treated by various dressings, 8 were complicated with abscesses; from this it is fair to infer that it is a more frequent complication than is generally supposed, and is likely to occur with any appliance which has pressure as one of its factors. In the method above described, by simply changing the position of the buckles, and thus removing the pressure from the indurated point, the treatment may be kept on with, and the abscess be relieved. This would be found impossible with other appliances.

In conclusion, I would say that I take great pleasure in pre-

senting this little modification in the treatment of broken jaw; and if any of the gentlemen of the Society may see fit to give it a trial, can only trust that it will prove as satisfactory in their hands as it has in mine.

Discussion.

Dr. A. Van Derveer. I am much pleased with Dr. Vander Poel's paper and apparatus, which I have not long since put to practical use. The patient, a young woman aged 16, came under my care at the Albany Hospital last November, having sarcoma of the inferior maxilla of two years' growth, located anteriorly to the last molar on the right side. I operated for its removal, making a sub-periosteal resection of about an inch and a half of the jaw. All the sutures were removed on the third day, and union of the soft parts was complete. A month later the remaining portion of the jaw, when the mouth was closed, was found to fall behind the teeth of the upper jaw. To remedy this deformity an interdental splint of hard rubber was made by Dr. Winne, dentist, and held in position by Dr. Vander Poel's plaster head-cap. She wore this for two months, being fed meantime on liquids. Upon her discharge, a firm ridge of new bone could be felt, and the jaw was in good position.

The silver suture I have found unreliable, in fracture of the lower jaw, for the reasons given by Dr. Vander Poel. Simple vertical fracture, near the ramus, can be treated by Barton's bandage; but comminuted fractures, especially if at the symphisis or between the first bicuspid and first molar tooth, are with difficulty held in position, as the genio-hyo-glossus muscle draws the fragment downwards, and the insertion of the temporal muscle draws the posterior fragment upwards.

In a case of fracture somewhat like this, by means of an interdental splint of hard rubber made by Dentist Winne, and with another splint fitted under the jaw, a cure resulted without much difficulty. In such cases as this, and also in Syme's operation for excision of the tongue, this apparatus of Dr. Vander Poel's I should consider useful and appropriate.

Dr. N. L. Snow. We have never had a satisfactory dressing for compound, comminuted fracture of the lower jaw. Dr. Vander Poel's apparatus seems to fill the gap. It has the advantage of allowing the use of hot water dressings, and being easy of transportation, is adapted to army use.

Dr. J. L. Babcock spoke of the unsatisfactory character of various forms of apparatus for treating fractures of the inferior maxilla.

PERFORATING GASTRIC ULCER.

BY E. B. TEFFT, M. D.

Ulceration of the stomach from irritant poisons, or other substances capable of inflicting injury upon the coats of the

organ, is not infrequent. Ulceration caused by cancer is not uncommon. But perforating ulcer of the stomach is sufficiently rare to make an account of an almost typical case interesting and profitable. In its earlier stages gastric ulcer is frequently overlooked. Even when advanced, its diagnosis is not always easy. Perforating ulcer and cancer possess so many symptoms in common, and diagnostic symptoms are so often absent, that it is not always inexcusable to mistake the one for the other. It is only by repeated examination, a careful weighing of the symptoms present, and an accurate history of the patient that a correct diagnosis can be made. Yet in view of the great difference of prognosis between ulcer and cancer, it becomes desirable to distinguish between the two at as early a period as possible.

Case.—Mrs. W., aged 55, married, came under my care about four weeks before her death. For ten years she had been troubled with indigestion. Six years ago this began to be very much aggravated, and medical advice was sought. But little relief was obtained, and a little more than two years ago she began to vomit after eating, vomiting taking place in an hour or two after food was taken. Occasionally a little blood was noticed in the matter ejected. At the same time she suffered greatly from pain, which was relieved by vomiting. This continued for about a year, when a remarkable alleviation of all the symptoms occurred. Vomiting and pain ceased almost entirely, she gained in flesh, and was able to attend to her household duties. After some six months of comparative health, however, her symptoms recurred, and in two months she became again reduced to the same condition as before. At this time I was called to attend her. She was emaciated to the greatest extreme, and I found her in the midst of a paroxysm of severe pain. Pain was referred to the epigastrium, and back between the shoulder-blades. She described it as a gnawing, boreing pain, from which she was never free. It was greatly increased by ingestion of food, and seemed then to radiate from her stomach and back throughout the whole body. After a while vomiting took place, and a little relief was afforded. When nothing was taken into the stomach, there was nevertheless vomiting of a frothy, glairy mucous, and at times of coffee-ground material in considerable quantity. There had never been any very great hemorrhage, but streaks of fresh blood were often found in the food ejected. There was little or no tenderness in the epigastrium. Upon careful examination, something like a tumor could be felt over the pyloric region. The bowels were obstinately constipated, never moving except by enema. Appetite was good, but could never be satisfied on account of the inability of the stomach to retain

food. There was no cancer in the family history of the patient; yet she was markedly cachectic. Diagnosis evidently lay between ulcer and cancer. Of the three symptoms, pain, vomiting, and hemorrhage, there was nothing particularly distinctive in either, except it be the absence of lancinating pain said to belong to cancer. Taking the remaining symptoms, there was in favor of cancer the tumor felt in the region of the pylorus, the obstinately constipated state of the bowels, and the want of tenderness in the epigastrium. On the other hand, there were one or two facts in the history of the patient that seemed to point conclusively to ulcer, viz, the long duration of the disease, and the long intermission of all the symptoms and almost complete restoration to health. The most important symptom which seemed to favor cancer, the tumor felt in the abdomen, might with great probability be explained as due to thickening of tissues and adhesions which would be quite likely to occur in the advanced stages of ulceration.

In regard to the treatment, but little was attempted beyond making the patient as comfortable as possible. Hypodermic injections of morphia were used to relieve pain. As all food was rejected, it was decided to allow nothing to enter the stomach except ice or ice water, hoping that with perfect rest the ulcer might cicatrize. Life was sustained by nutritive enemata. This plan was pursued for two weeks, during which time the vomiting and pain were somewhat lessened, occasional vomiting of glairy mucous, sometimes of coffee-ground matter, taking place. But her strength was rapidly giving out. At this time Dr. Bigelow saw the case with me, and it was agreed to again try giving food by the stomach. Ice-cold milk, in small quantities, frequently repeated, was given; also ten grains of subnitrate of bismuth four times a day. At first this treatment was well borne, but after two or three days vomiting and pain returned with increased severity, and patient died from exhaustion.

An autopsy was made next day, and revealed as the cause of death ulceration situated at the pylorus; all the tissues and adjacent organs were firmly united by adhesions, and perforation thereby prevented.

HEMATEMESIS DUE TO RUPTURE OF A SMALL SACCULATED ANEURISM OF THE GASTRO-EPIPLOICA ARTERY.

BY F. C. CURTIS, M. D.

Mrs. K., aged 60, ordinarily in good health, began about the 1st of July, 1878, to have symptoms of indigestion, with loss

of appetite and general malaise. With no more definite symptoms, she gradually failed in strength for six weeks. At that time, as she was retiring for the night, she was taken with hematemesis, vomiting about eight ounces of blood. She was kept quiet in bed, and gradually improved. There was no epigastric pain and tenderness, nor pain in the back. Neither was there perceptible change in the size of the liver. Two weeks later, on the 2d of September, having exerted herself so far as to go down stairs during the day, she was taken in the evening with faintness and nausea, which, after lasting some time, ended in a second hematemesis. She was now confined strictly to bed. On the 17th, without any provoking cause, she had a third attack of vomiting blood, persisting in small amount for two days, with constant nausea and syncope, prostration and fœtid breath. There was then a cessation of the hematemesis for a week, when she again vomited a little watery blood, and later some hard clots, and black, granular matter next day. Without marked prostration this time, she was weak and tired, anxious, frequently restless, with a furred tongue, and a compressible pulse of from 80 to 100. She was free from hematemesis for about a fortnight, during the time vomiting once simple bilious matter, from the nauseating effect of a dose of quinine in coffee. October 8 she was again taken with faintness and nausea at 4 p. m., and at 10:30 vomited six ounces of bloody fluid and coffee-ground material. She remained faint, with a weak pulse, through the succeeding day, and toward evening ejected a little more coffee-ground material, soon after which she succumbed.

Her history aside from this presented no definite symptoms. As has been intimated, there were no diagnostic symptoms of either gastric cancer or ulcer, nor of cirrhosis of the liver.

The treatment was addressed for the most part toward controlling the hemorrhage. There was abundant opportunity to test the virtues of a number of different remedies. Sulphuric acid in ice water every hour; acetate of lead, gr. j every 4 hours; alum, gr. ij every 4 hours; tinct. ferri mur., gtt. iij in the same way; and on the suggestion of a homœopathic friend, tinct. hamamellis. Nothing, however, approached in efficacy ice internally and to the epigastrium, warmth in the mean time being kept up to the extremities, together with fair doses of morphia. Iced milk with lime water and whiskey was best borne as food. Meigg's gelatine food answered well for a time. The belching up of offensive gas was fairly corrected by half grain to grain doses of carbolic acid in tincture of witch hazel, which at least formed a good menstruum for it. For the extreme prostration and faintness preceding for variable lengths of time each attack of hematemesis, nothing served

so well as inhalation of ammonia. Ice was always used with it in the manner spoken of.

But the interest of this case lies for the most part in the autopsy, and the cause it showed for the hematemesis. I am confident no one could have diagnosticated it. The only approach to a satisfactory diagnosis of the case on my own part, was scirrhus of the greater curvature.

It is not necessary to go into the details of the condition of the body generally, for excepting that the tissues were all soft and bloodless, there was no material abnormality found, outside the stomach. Except at one point, this organ was healthy. About the center of the large curvature was a cicatricial spot, evidently due to an old ulcer, with puckered edges, two or three times the size of a split pea. About this point the stomach was adherent to the pancreas. Projecting in toward the cavity of the stomach, at the center of this ulcer was a little purple tumor, less than the size of a small pea. Across its summit was a small slit, from which little shreds of coagula protruded. Introducing a probe into this, it readily found its way into an artery the size of a small goose-quill, the gastro-epiploica, lying beneath and partly involved in the adhesions to the pancreas. Elsewhere the artery was perfect in its caliber.

The solution of this case was made very clear. Evidently, years before there had been gastric ulcer, indefinite history of which was obtained, which so nearly perforated the walls as to produce protective adhesions. The artery, partly from implication in this adhesion, partly no doubt from weakening of its wall from the ulcerative action, became the seat of a little sacculated aneurism. Rupture of this permitted the hemorrhages, which, recurring during two months, finally resulted in death.

GASTRIC ULCER, WITH TWO CASES OF PERFORATING ULCER OF THE SMALL INTESTINE.

BY A. VAN DERVEER, M. D.

As having a bearing upon the subject of Gastric Ulcer, I wish to present several cases that have come under my own observation within the past few years. That perforating ulcer of the stomach sometimes causes sudden death is very well shown in the following two cases:

Mr. C., aged 26, while delivering ice on the morning of Oc-

tober 9, 1870, was suddenly attacked with pain in the epigastric region, gave several cries of pain, fell to the sidewalk, and was soon partially insensible. Dr. P. P. Staats, who lived but part of a block away, was called, and immediately responded. He found Mr. C., in a profound collapse, scarcely able to answer questions, and had him removed to his office, where in a short time he expired. The case caused quite an excitement, some bystanders believing he had been poisoned, others calling it a case of cholera.

The friends of the deceased were willing to have a post-mortem. They stated he had complained of dyspepsia for several weeks, and had been treated for that disease; had never vomited blood to their knowledge. At 4 p. m. we held an autopsy, and found a perforating ulcer two inches from the pyloric orifice of the stomach and in front, $\frac{1}{3}$ of an inch in diameter, round, and presenting the marked appearance of having been done with a good-sized punch. The contents of the stomach had escaped into the peritoneal cavity. No evidence of peritonitis. All other organs in a healthy condition.

March 20, 1871, I was requested by Dr. J. M. Bigelow to hold a post-mortem in the case of Mr. J., aged 54, carman, of good habits, and usually in excellent health. For some time past had complained of distress about the stomach, and at times severe pain; had vomited some. On the morning of the 19th had gone to work at an early hour; at 10 a. m. felt a severe pain just above the navel, fainted, and was brought home. Dr. B. saw him soon after, and found him in a condition of collapse, vomiting, and at times having a "cruel pain," as he termed it. From this condition he did not rally, and died at 4 p. m. The post-mortem revealed almost the same location of a perforating ulcer of the stomach, of nearly the same size as in the previous case. Other organs healthy. Brain not examined in either case.

That perforating ulcer will sometimes result from an old injury is shown in a case occurring in the practice of Dr. W. H. Bailey.

J. S., German, carpenter by occupation, aged 57. In the fall of 1871, he received an injury over the epigastric region, which confined him to his house for some time, but from which he recovered and remained well until November 11, 1873, when he was taken with symptoms of peritonitis. Having suffered somewhat from indigestion, he was not thought to be dangerously ill, yet died suddenly on November 24, 1873.

Post-mortem was held twenty-four hours after death. Body well nourished; abdomen tympanitic; greenish discoloration of peritoneum over epigastric and right and left hypochondriac

regions; also in inguinal; in right and left hypochondriac regions, a large amount of greenish-yellow fluid; the folds of intestine adherent to each other; perforation of stomach on anterior surface, midway between cardiac and pyloric orifices; also a second smaller but imperfect ulceration near the former; spleen firm; both kidneys enlarged and pale, capsules partly adherent; effusion in right pleural cavity; no adhesions of pleura; bladder distended; organs otherwise normal; heart healthy; encephalon not examined.

Mr. W. W., merchant, aged 69, presents what I should regard a good clinical history of gastric ulcer. He had always been a good liver, and accustomed to the use of alcoholic and malt liquors. During the summer and fall of 1876 he complained of indigestion, and vomited a few times; but would generally get relief from bismuth or pepsine in powder and a strict meat and milk diet, the meat being given in liquid form. A careful examination could not detect any change about the liver, nor tumor in the region of the stomach. Heart and lungs normal. The diagnosis of gastric ulcer was made, and he was cautioned in every respect regarding his diet. During December, '76, and January, '77, he was very comfortable, but in the first week of February he overexerted himself, and I was called hastily to find him suffering from a severe hæmorrhage from the stomach. He had vomited a large quantity of bloody-looking fluid in one bowl and in another about a pint, the latter clotting after standing a short time.

Ice was given him and applied over the stomach, and anodynes employed. He was also ordered cold milk with lime-water. He had no more vomiting, and the next day I gave him a pill containing argenti nitras gr. $\frac{1}{4}$ and quiniæ sulphatis gr. j three times daily. He was restricted regarding his stimulants to a wineglassful of claret three times a day, and diet of liquid animal food, and milk continued.

The pills were continued, no anodyne required after the second day, and he progressed finely until April 6, when, after being engaged for some time in reaching upward, he was suddenly seized with severe pain in the region of the epigastrium, followed by vomiting a large quantity of blood. The former treatment was repeated. He was strongly urged to be very careful in his exercise or work, and all stimulants of any kind prohibited; same diet continued. This line of treatment was rigidly adhered to, and the pills continued (with the addition of ext. rhei gr. $\frac{1}{2}$ and podophyllin gr. $\frac{1}{30}$, to relieve constipation) for six months, when he appeared well and medication ceased.

Patient was now allowed more solid food; no potatoes or

asparagus, but nearly every other form of vegetables; also meat in solid form.*

I believe here was a case of gastric ulcer, due probably to a too free use of stimulants and tobacco (the latter he would not leave off), and that nature was making an effort to cure by adhesions, perhaps, but was interfered with each time by too great exertion on the part of the patient, illustrating the importance of rest in the treatment of these cases.

May 1, 1877, I was requested by Dr. Layman, of Schoharie Court House, to see Mr. P., aged 62, a very fleshy man, who had been suffering for three days from vomiting blood. He had for some time given symptoms of dyspepsia. Habits good; no family history of carcinoma. He was now very weak. His abdominal walls were so thick that, had any tumor been present, it could not have been detected. The doctor considered the case one of gastric ulcer. I, however, feared that it might be more serious, from his pale, cachectic look, pain, and constant nausea. It was difficult for him to retain liquid diet. He was given nitrate silver, his bowels carefully regulated, and he kept perfectly quiet, ultimately making a good recovery. I was assured a few days since by the doctor that Mr. P. was in excellent health.

The case was undoubtedly one of gastric ulcer.

Mr. C., aged 62, mason, gives an interesting history. At the age of 36 he suffered from severe cough, night sweats, and had two attacks of hæmorrhage of the lungs, but within a year he made a good recovery, and remained well until June, 1876, when he suffered from indigestion, and was treated for it and torpid liver. These symptoms did not vary much; he lost in flesh, would occasionally vomit, but continued to attend to his business. During the first week in October he vomited more constantly, with an increase of pain in the epigastric region. On the 10th he vomited blood, when I was called. The quantity was great, and some of it clotted. I found him quite weak, with marked tenderness just below the ensiform cartilage; bowels constipated, but other organs apparently healthy. I ordered a large injection, which caused a good movement of the bowels, there being in the passage considerable blood; some powders of morphine, and over the tender spot a small blister; also to take ice, milk and lime-water. Next day he was more comfortable, when I prescribed the pill nitrate silver, quinine, ext. rhubarb and podophyllin. This patient had a slight return of hæmatemesis on the tenth day. The blisters were repeated three times, the pills continued for about four months, and castor-oil given occasionally to move bowels. At

* He is now, July 1, 1880, in excellent health.

the end of that time he seemed well, and has continued in excellent health until now.

The case of Mrs. S., widow, aged 61, would seem to show an hereditary tendency to gastric ulcer. Mrs. S. was married at the age of 18, and has had ten children. One, a married daughter, died at the age of 24, of acute phthisis; a son, aged 6, died of convulsions after measles; other children all living. Her mother vomited blood when about fifty years old, her next oldest sister vomited blood when 21 years old, and she herself vomited blood forty-two years ago, all making good recoveries, but sick for some time with what was believed to be dyspepsia. Her father died aged 54 years, of acute pneumonia; her mother died at the age of 81. Mrs. S. remained in fair health up to the night of January 6, 1879, when, without any previous warning, she felt sick at her stomach, and began to vomit blood. The quantity was quite large, and for some two or three days she remained in an insensible state. Gradually she improved, being under the care part of the time of Dr. Snow. I first saw her in this sickness May 14, 1879, when she was suffering from a third attack of hæmatemesis. She was then quite weak, and looking very pale; some tenderness in the epigastric region, no desire for food, and bowels constipated; no tumor about stomach, nor any appearance of organic disease present in the system. She was given anodynes as required; belladonna plaster over stomach; nitrate silver, liq. pernitrate iron, and quinine alternately, as medicine, and her bowels moved by the aid of injections and calcined magnesia. The latter, she said, was cooling to her stomach. A strict milk and lime-water diet was maintained at first; later, animal broths were given, and all starchy food abstained from. At the present time Mrs. S. is again in very good health. Lately she has taken with good effect maltine with pepsine and pancreatine. As diet a baked potato is allowed, with other well-cooked vegetables. She is gaining her color, and looks very much better. Mrs. S., previous to her sickness in January, was induced to take a few doses of Vinegar Bitters, and to this she attributes her sickness.

The next case is that of Mrs. V., aged 37, married when 18: though not clear as to final result, is worthy I think of recording as one of gastric ulcer. There is no history of cancer in the family. Her father died aged 62, from injury to the kidney; mother still living, aged 64; four brothers and one sister living, one sister died at the age of 11 of convulsions. She has had five children, four dying in infancy; one daughter living, aged 18. States she has always had pain in her back, and more severe about opposite the seventh dorsal vertebra; first vomited blood about ten years ago, during confinement. The

vomiting continued one day and night and was a good deal in quantity; child born two days after. She made a fair recovery. Two years later she suffered for three months from chronic dysentery and diarrhœa, and every summer since has had a return of it; finds it best controlled by repeated small doses of castor oil. Six years ago she had, during her menstrual period, her second attack of vomiting blood. Since then she has had one or two attacks every year until the past six months, when it has been every month. Six weeks ago it ceased during that menstrual period, the latter being more natural. I saw her soon after this. There is great tenderness over the stomach, but no lump can be felt; food rests like a heavy load, but is not vomited; pain and throbbing pretty constant, the former not always relieved when vomiting blood. She has generally been pretty careful in her diet, but thinks it does little good; can at times eat anything. She always felt very weak after vomiting blood. Has been treated during the past year for ulceration. I ordered small blisters over the epigastrium, and gave her $\frac{1}{4}$ grain nitrate silver three times daily; also to take from three to five ounces beef tea night and morning as an injection. Under this treatment she has steadily improved up to the present time, though to-day she states that from her fullness, and the other old symptoms about her stomach, she feared another attack. Four blisters were used, 2 x 2 inches, applied every fourth day, and each time sprinkled with $\frac{1}{8}$ grain sulphate morphine.

The next case is quite a remarkable one. Miss D., aged 29, in easy circumstances; mother died at the age of 31 of what was supposed to be cancer of the stomach; had had consumption for three years; no post-mortem; patient's mother's parents both died of consumption, as did also four sisters and three brothers; father was killed, his people all living to be old; no malignant disease ever known on either side aside from mother's case. Miss D. has lost two brothers of consumption, aged 17 and 19, and two sisters, aged 16 and 18. She began to menstruate in her twelfth year, and has always been regular since. She visited Europe in the fall of 1875, traveling and studying. She remained in good health until the latter part of May, 1878, when she first observed trouble about her stomach in regard to symptoms of indigestion and, as she thought, approaching dyspepsia. She thought, also, she could discover some "lumps" in abdominal cavity, over the surface of the bowels; great loss of appetite, she lived on fluids mostly for weeks, and now had her first attack of vomiting blood. At Hanover, in the early part of August, she consulted Dr. Baer, who told her she had a rupture of some blood-vessel about the stomach, and prescribed for her, after which she improved

some. She had her second attack of vomiting blood, a very large quantity, at Gœttingen in the early part of October, and then consulted Dr. Blake, who told her she had cancer of the stomach, and that she would probably not live to exceed two years. In this attack she had but little sickness at her stomach. She continued her travels from Florence through Germany and Switzerland, and enjoyed very good health, improving somewhat in flesh, although very despondent. Dr. Hall saw her at Florence, and gave an unfavorable prognosis. She had her third attack of vomiting blood in Paris, the middle of February, 1879, when she consulted M. Reon, who examined her case very carefully, and told her she had scirrhus cancer of the stomach. At this time she vomited over a quart, much of it clotting on standing. She recovered her strength quite rapidly from this attack, and continued her journey through Great Britain, being exceedingly well most of the time. In London she saw Dr. Radcliffe, who also told her she had cancer of the stomach, and Dr. Hall, who told her she had not. She sailed from Liverpool May 3, and on the 10th she had her fourth attack of vomiting blood, over two pints, and was much prostrated. She was now positive she could feel "lumps," more distinct about her bowels and stomach. On her arrival in New York she consulted Dr. Thomas, who expressed a doubt as to her having cancer, and Dr. Sayre was called in consultation. who told her she undoubtedly had cancer of the stomach. She was now very much depressed in spirits, and after remaining for a time in New York, she returned to Albany, and was under the care of Dr. J. W. Cox during the summer. I was first called to see her November 8, 1879, when in her fifth attack of vomiting blood, it having lasted for a week.

I made a careful examination of her case at this time, but could not detect any tumor anywhere about the abdomen. I considered the case one of gastric ulcer. She had not lost much in flesh, and did not present the cachexia of malignant disease. Her bowels being constipated, I ordered an injection to cause motion; menstruation normal. At this time I prescribed ingluvin, in 3 grain doses; but she could not retain it, nor, in fact, any other medicine. Nourishment was given in the form of rectal injections, of which she would not retain one of more than two ounces, given night and morning. She stated at times in vomiting she thought she could taste the beef-tea, a point brought out so clearly by Professor Campbell, of Georgia, in his excellent pamphlet on rectal alimentation.

On December 1, 1879, Dr. S. O. Vander Poel saw Miss D. with me, and after a very thorough examination of her case, considered it one of gastric ulcer; advised a continuance of the

rectal feeding, and to give hypodermic injections of morphine to grant rest, and to stop all fluids entering the stomach by the mouth. After a few trials, she thought the hypodermic injections gave her distress in bringing on the vomiting, and she preferred the use of the morphine applied over the epigastrium by aid of blisters. Under this treatment she improved, and at the end of two weeks fluids were allowed per orem. During the middle of February she was able to get out some, but about March 1 she had another attack of hæmatemesis.

Up to July 2, 1880, she has been able to retain food about half the time. At this date she is suffering from another attack of vomiting blood; has not menstruated since last week in March. She is now looking very well in flesh. Medication, though persevered in, has not been very satisfactory, as she really has not been able to retain medicine of any sort for many days in succession. No tumor can be felt through abdominal walls. She has been able to walk out a great deal, but cannot bear carriage riding.

In the following case, occurring in the practice of the late Dr. Moore, we have an illustration of perforating ulcer of the small intestines, being the immediate cause of death.

Miss B., aged 14, had been suffering for six months from chronic peritonitis; died quite suddenly and unexpectedly June 30, 1876. Permission was granted to hold a post-mortem at 4 p. m. July 1, the accompanying notes being kindly taken at the time by Dr. J. M. Bigelow:

Body well nourished; no rigor mortis: ecchymotic spots on side of chest. On opening the abdominal cavity about a pint of fluid was discovered, consisting of serum, pus, and feculent matter. The peritoneum exhibited signs of acute general peritoneal difficulty. The abdominal peritoneum was studded with little black ecchymotic spots, the size of a split pea, filled with dark, grumous blood. There were also millet-seed deposits, hard and white, about the size of a pin's head. The omentum on the left side was wholly adherent to the peritoneum and intestines. The folds of intestines were glued together by adhesions, and when torn apart revealed a number of small abscesses filled with pus. A perforation, round as if drilled with a punch, was discovered in the lower end of the jejunum. Peyer's patches in the vicinity were enlarged, and had taken on ulcerative action. The coats of the intestines were studded with small ecchymotic spots, filled apparently with blood, dark and grumous, extending through the coats of the intestinal wall. The perforation was discovered on the free border of the gut. The mesenteric glands were enlarged and indurated. The liver was firmly attached to the abdominal walls by adhesions; also to the adjacent organs. The liver

was fatty and very friable; spleen very soft; kidneys normal. The uterus was covered with millet-seed deposits; otherwise normal. There were discovered in each broad ligament, in the fallopian tube, the remains of old abscesses. Each presented the appearance of a small tumor, the size of a butternut, encysted, filled with a cheesy, purulent deposit, probably remains of previous salpingitis. The transverse colon was firmly adherent to the stomach and abdominal walls. Right lung firmly adherent throughout, otherwise normal; left lung slightly adherent posteriorly. Heart and brain not examined.

The case of B., tramp, who was brought to the Almshouse Hospital June 4, 1878, suffering from railroad accident received a few hours previous, is quite interesting. He died about seven hours after the accident occurred, and the next day I was requested to hold the post-mortem. We found a fracture of the sixth, seventh and eighth ribs on the left side, but no other marks of injury. On opening the abdomen, the fluid contents of the bowels, quite an amount, were found free in the abdominal cavity. A careful examination discovered a perforating ulcer in the lower portion of the jejunum. It was typical in character, conical, and as if a portion of the gut had been punched out. There was no evidence of peritoneal inflammation present. His previous history was unknown. Peyer's patches did not show any evidence of disease, nor did the solitary glands.

When we consider these cases carefully, especially that of Miss D, perforating ulcer is seen to be not so easy of diagnosis as many of the books would have us believe. In her case, it is evident, the "Doctors have disagreed very decidedly."

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

The fifth regular meeting of the current series was held in the County Court Room, City Hall, on Wednesday, January 28, 1880, at 8:30 p. m. The Vice-President, Dr. B. U. Steenberg, in the chair; total members present, thirty-one.

Dr. N. L. Snow exhibited a specimen of "Primary Cancer of the Liver," and gave the history of the case. The specimen was referred to the Pathological Committee.

Dr. S. B. Ward, by unanimous consent, offered the following resolutions, which were carried unanimously:

Resolved, That it is the sense of this Society that properly conducted vivisections are of prime importance in physiological investigations, and that any law compelling their abolition would be an absolute evil.

Resolved, That a committee of three be appointed by the Chair, to present to the Senate of the State resolutions or a communication embodying their views concerning the bill now pending on this subject.

The Chair appointed as such committee Drs. S. B. Ward, J. S. Mosher, and Wm. Hailes, Jr.

Dr. J. C. HANNAN read a humorous paper on "Life's Contrasts in Health and Disease."

Dr. E. A. BARTLETT read a paper on "The Turkish Bath, and its Place as a Therapeutic Agent."

Dr. W. H. Bailey said that the Medical Society of the State of New York would meet in Albany next week. It had been customary for our Society, or for one or more of its members, to entertain that Society. It is now proposed that each individual attending the entertainment shall pay for his own ticket, which will probably cost one dollar each. It is to be given at the Delavan House.

Society adjourned.

The sixth regular meeting of the present series was held in the Albany Medical College Building, on Wednesday evening, February 25, 1880. The President, Dr. J. M. Bigelow, in the chair; total members, present, twenty-eight; also, Drs. R. G. Havens, of Jefferson, J. T. Keay, of Albany, and W. O. Stillman, of Saratoga Springs, N. Y.

Dr. WM. GEOGHAN read a paper on "Iodine in Intermittent Fever."

Dr. W. O. STILLMAN, of Saratoga Springs, read a paper on "The Mineral Springs of Saratoga."

Dr. S. B. WARD reported a case of "Cardiac Syncope."

After discussion, the Society adjourned.

The seventh regular meeting of the current series was held in Alumni Hall, Albany Medical College, on Wednesday evening, March 10, 1880. Thirty-two members were present; also, Drs. W. Hagadorn, J. T. Keay, and H. Wendell.

On motion of Dr. Stonehouse, Dr. H. March was made chairman *pro-tem.*, in the absence of the President.

J. W. MOORE, M. D., of Cohoes, read a paper on "Naso-Laryngeal Syphilis."

The Chairman (Dr. MARCH) commented on the difficulty of diagnosing syphilis in private practice, on account of the tendency of patients to conceal and deny a dishonorable taint.

T. FEATHERSTONHAUGH, M. D., exhibited specimens of Calcareous Degeneration and Osseous Metamorphoses in the Eye.

S. O. VANDER POEL, Jr., M. D., read a paper on "Treatment of Fracture of the Inferior Maxilla, with Cases," and exhibited original apparatus.

The Secretary retired from the meeting, and Dr. Wm. Geoghan was appointed Secretary *pro tem.*

After discussion, by Drs. Van Derveer, Babcock, and Snow, the Society adjourned.

The eighth regular meeting of the current series was held in Alumni Hall, on Wednesday evening, March 24, 1880. The President, J. M. Bigelow, in the chair. Total members present, thirty; also, Drs. T. P. Bailey and J. T. Keay.

Theo. P. Bailey was nominated for membership, by Jas. S. Bailey, M. D.

Dr. J. D. FEATHERSTONHAUGH, of Cohoes, read a history of "A Hysteroid Affection." Discussion by Drs. Stevens, Snow, Van Derveer, J. S. Mosher, L. Hale, T. Featherstonhaugh, R. D. Clark, Hull and Curtis.

Dr. Edwin B. Tefft read a paper on "Perforating Gastric Ulcer, and exhibited specimens.

Dr. A. Van Derveer exhibited specimens of "Perforating Gastric Ulcer," and read histories of cases.

Dr. F. C. Curtis reported a case of "Hæmatemesis from Rupture of a Small Gastric Artery."

The Secretary read a communication from the Medical Society of the State of New York in relation to the purchase by this Society of its quota of volumes of Transactions of the State Society.

On motion, Drs. W. H. Bailey, R. D. Clark and T. K. Perry were appointed a committee to canvass the Society for the purchase of Transactions of the Medical Society of the State of New York.

Society adjourned.

LORENZO HALE,
Secretary.

EDITORIAL.

Edmund Bailey O'Callaghan, M. D., LL. D., editor of the "Documentary History of New York," died at his residence, No. 651 Lexington avenue, New York City, May 29, 1880. He was a licentiate of the New York State Medical Society 1841, joined the Albany County Medical Society the same year, and served as its Treasurer 1843–'46.

Staats Winne, M. D., died in Albany on May 30, 1880, in his 53d year, after a sickness of some months with pulmonary disease. He was born in Bethlehem, Albany County, October 27, 1827. His preceptor in medicine was the late Dr. Peter P. Staats, of this city. He received the degree of Doctor of Medicine at the Albany Medical College in 1851. After practicing for some years in Greenbush, Rensselaer County, he moved to Albany, and became a member of the Medical Society

of the County of Albany in 1856; was a Censor in 1870. He was respected by all who knew him as a kind and trustworthy physician and a good man.

Levi Moore, M. D., was born in Duanesburgh, N. Y., in 1827. Graduating from the Amsterdam Academy, he came to this city, and completed his professional studies at the Albany Medical College in 1851. He was elected a member of the County Society in 1852; served as Secretary 1856–'59; Vice-President, 1863; President, 1865; Delegate to the State Medical Society, 1864–'68. He became a permanent member of that body in 1867. He died June 30, 1880, after a long illness, the result of over-work. As the skillful and sympathizing physician, the enterprising citizen, and the courteous friend and associate, Dr. Moore had endeared himself to a very large number of the residents of Albany and vicinity, to whom his death is a severe affliction.

The death of Dr. John V. Lansing was noted in our last issue. He was born in Lansingburgh February 15, 1824. In 1843 he graduated at Rutger's College, and afterwards took up the study of law. He soon resigned this for medicine, taking his diploma from the New York Medical College. He was for a time resident physician to the Kings County Insane Asylum, and afterwards entered upon general practice in Albany. He filled an important place in the profession here, and came to be regarded as one of our most valued consulting physicians. From 1867 to 1870 he filled the chair of Materia Medica in the Albany Medical College; then for three years that of Physiology and Clinical Medicine, and for the three years after that, of Principles and Practice; some time, also, Professor of Materia Medica at the New York Medical College. He was attending physician to the Albany Hospital, member of the State and Albany County Medical Societies and of the Albany Institute. At the time of his death he was physician to the State Prison at Dannemora. He was a man of large acquirements, added to much native strength of mind; and his sudden death by accident at the age of 56 cut short the promise of many years of active usefulness.

Our readers will do well to bear in mind that the act to regulate the licensing of physicians and surgeons has become a law. By its terms all now lawfully engaged in practice are required to register with the county clerk before the first of October. Failure to do this involves a severe penalty. The clerk of Albany County, office cor. State and Chapel streets, Albany, is provided with a register and blank affidavits for receiving the registry. The law merits the approval of the profession for its good intentions, and because it will exclude a few, at least, of the unworthy from practice. It is sad to contemplate, though, how cheaply won and practically worthless are some of the diplomas that will be brought to the surface presently by the register, and give the holders of them a legitimate position; whereas they have been heretofore, perhaps, content to be considered only quacks. But, on the whole, the law will work for good.

The Society received a material addition to its membership at the recent semi-annual meeting. There were admitted to it Drs. Theo. P. Bailey, Daniel S. Case, of Slingerlands, A. P. Casler, G. E. Elmendorf, of Coeymans, J. W. Gould, L. B. Hoit, F. J. Merrington, Samuel R. Morrow, M. R. C. Peck, J. J. White and T. D. Worden. All except those noted are residents of Albany. Eight of them are graduates of the Albany Medical College and three of the College of Physicians and Surgeons, New York. Most of them are beginners in the practical part of medicine. We wish them every success.

The receipt of the following additional exchanges is acknowledged: *The Journal of Materia Medica, Leonard's Illustrated Medical Journal, The Archives of Dermatology, The Medical Register of New York, New Jersey and Connecticut for* 1880–'81.

Delay in satisfactory preparation of the office-hour register, accompanying this number, is the reason for its not being issued on time.

College and Alumni Notes.

Dr. B. U. Steenberg, '70, Albany, N. Y., was married at Brooklyn, N. Y., June 28, to Miss Ada H. Higgs.

Dr. Alois Donhauser, '77, Washington, D. C., was married June 21, to Miss Martha W., daughter of Dr. Joseph Lewi, of Albany, N. Y.

Dr. Jas. H. Scoon, '49, died at Amsterdam, N. Y., July 22. He was prominently identified with the Alumni Association, having served as member of the Executive Committee, Vice President, and in 1878, President. The *Amsterdam Democrat* says, "He was a man of unusual natural ability, of warm, generous heart, and cordiality of manner which never failed to win him love and friendship."

Editorial reference to the deaths of Drs. Levi Moore and Staats Winne, both of the class of 1851, will be found elsewhere. Dr. Moore was one of the charter members of the Association. He also served as member of the Executive Committee and Vice President.

Dr. Herman Bendell, '62, has been nominated by the Medical and Surgical Staff of the Albany Hospital for appointment, by the Governors of that institution, to the position of Eye and Ear Surgeon made vacant by the death of Dr. C. A. Robertson.

The Proceedings of the Alumni Association and College Catalogue for the year have been mailed to the graduates of the College. Those who have not received them, should send their addresses to the Secretary of the Association, Dr. W. G. Tucker, No. 4 Lancaster street, Albany, N. Y.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **OCTOBER, 1880.** **Number 5.**

OUR WATER SUPPLY.

BY WILLIS G. TUCKER, M. D.

Professor of Inorganic and Analytical Chemistry, Albany Medical College.

The publication in the last and present numbers of the MEDICAL ANNALS of the discussion in the society upon the resolution of the common council regarding the advisability of adopting the Hudson River water as a source of city supply, recalls a subject of great interest, both to the profession and the general public. Although the weight of scientific opinion was decidedly against its introduction, little, if any, attention was paid by the authorities to the opinions which had been solicited, and a source of water supply was adopted which met with almost universal condemnation. That this statement is no exaggeration may be seen by a perusal of the proceedings and transactions of the Albany Institute, in which the minutes of those meetings held in '72 and '73, to consider the matter, are contained; and of the minutes of the special meetings held by our own society, which are now presented to the readers of this journal.

Notwithstanding, however, the protests from most of the leading physicians, experts and chemists of Albany, the river water was introduced, and has since constituted our main source of supply.

Now it may be said by those who advocate the use of this water, that since its introduction the city has been as healthy as heretofore, and that we have suffered from no epidemic of zymotic diseases, nor outbreak of other affections directly trace-

able to its use. This may be so, and yet the fact remain that we are at any time liable to such an outbreak, and that the water with which we are supplied may at any moment become the vehicle for conveying disease. Nothing is surer than this, and though the river water may be clearer than that previously supplied, and freer from bad odor and taste, it may yet, and does, contain more organic matter, more nitrites, nitrates, chlorides and ammoniacal salts, resulting from the decomposition of sewage matter. These substances in themselves are not necessarily highly injurious, but they are yet objectionable, and show the possibility of the presence of disease germs, incapable of detection, but capable of imparting disease, more especially in the event of a decided outbreak of any of the zymotics in any part of the neighboring region draining into the Hudson River.

It needs constantly to be borne in mind that there can be no greater fallacy than to judge of the quality of a water from its color and sensible properties alone. The air in a certain locality may be filled with smoke, dust, or vapor, unpleasant alike to the eye and to the sense of smell, and yet be quite harmless, though disagreeable; while in another locality, the air may be clear, colorless and unobjectionable to the senses, although loaded with the germs of disease. So with water: one sample may be turbid and disagreeable from the presence of clayey or vegetable matter in solution or suspension, and yet be quite innocuous; while another may be clear, bright and sparkling, and yet loaded with chemical impurities and disease germs. There seems no longer to be a doubt that the specific poison of typhoid fever and similar diseases exists in the excreta of the sick, and may pass into, and contaminate drinking water, even if greatly diluted, rendering such water a fruitful source of contagion. Disease germs, let it be repeated, may be present in water which seems clear and wholesome, for they are as invisible, and as incapable of detection by chemical analysis, as the viewless contagion floating in the atmosphere of a room inhabited by a small-pox patient. They cannot be removed by any known process of filtration, and can scarcely be destroyed but by lengthy exposure to the air or to a temperature sufficiently high.

These facts are indisputable, and it is greatly to be regretted that, at a time when river waters are being almost everywhere abandoned as unfit sources of supply for cities, except in certain highly exceptional instances, our city should be supplied from a stream that receives the drainage of nearly two hundred thousand people, and which will, year after year, become more and more unfit for use; and our Society has acted wisely in that it has put itself on record as having been opposed to the plan from its very inception.

In conclusion, if it should be urged that the Hudson River afforded the only obtainable supply for our city, it may be added that competent engineers proposed various plans for increasing the existing sources of supply, as well as for obtaining a supply from other localities.

HYSTERIA.

BY J. D. FEATHERSTONHAUGH, M. D.

I do not intend to tax your patience with any general disquisition upon the subject of Hysteria. I will simply present to you two cases, well known at the time, that attained a wide newspaper notoriety under the rather sensational title of "The Sleeping Girls of Cohoes."

Case I.—A French Canadian girl, seventeen years old, of extremely limited intelligence, completely deaf, suddenly fell to the floor with a loud cry in a convulsive attack. The patient was found lying in bed, with tonic contraction of muscles; opisthotonos marked; heart 110, temperature 99° F.; face pallid. This condition lasted for half an hour, with loss of consciousness and insensibility to external stimulus. Patient showed some emotional disturbance on recovery.

Second day: Patient slept all night, and as she was asleep at time of visit, did not see her in morning. Saw her again in afternoon. Sopor profound; could not rouse her; heart 75, temperature 98° F., respiration normal. Patient arose towards evening, ate some dinner, and returned to bed; talked to herself and sang. Tonic spasm again returned. On visiting her in evening, she was placed with head resting on a chair and feet on a stool, in which position she remained fully five minutes. Anæsthesia of skin complete. Patient was placed in bed, when she at once became ecstatic. She was lying on her back, with hands raised toward ceiling, palms turned up, head thrown back, mouth slightly open and smiling, eyes suffused, pupils dilated. Ecstasy lasted about one hour, when a true cataleptic attack supervened. Waxen flexibility was strictly marked; respiration almost imperceptible, surface temperature much diminished, feeble pulse, open mouth and fixation of eyes.

Third day: Patient became comatose in night, but got up in morning and ate breakfast, after which she lay down and sang religious songs. Tonic spasm of muscles was present at visit, and continued throughout it.

Fourth day: Patient was cataleptic; temperature 96° F.; pulse 110, very feeble; face expressionless, eyes open, fixed; was insensible to a considerable degree of pain, yet I could excite slight movement by severely pricking her; rubbed over conjunctiva without response. While present, patient stretched out her arms, got up, and sat in chair. On inquiry of parents, it was found that the girl menstruated regularly, that alimentation was still uninterrupted, and that excretion was not disturbed.

Fifth day: Clonic spasms showed themselves to-day; repeated seizures, lasting from fifteen minutes to an hour. More than thirty of these occurred on this day. Temperature never arose above 100° F. There was biting of the tongue. Pulse, though accelerated during paroxysm, fell to 85 during remissions. Some disturbance of sensory faculties appeared, with shouting and crying, and gesticulation; also some illy defined movements, which I have no doubt were erotic. During the day she ate, drank, defecated and micturated. At night, after crying and shouting, she again became ecstatic, and remained so for some hours.

The case presented about the same symptoms for nearly two weeks.

Case II.—Mrs. C., a sister of the above, three months in first pregnancy, a woman of about twenty-one, of fair health and intelligence, living in the same house, heard her sister fall on the occasion of her first attack, and being told that she was in a fit, turned pale and fell on bed. An attack, epileptiform in nature, came on. She was seen shortly after seizure.

She was lying in bed on her back; countenance a little pale, eyes open, pupils dilated; muscles relaxed; pulse regular, 100, temperature 98, breathing quiet, slow and regular; constant hiccough. Remained so throughout day.

Second day: Patient's condition same as yesterday. Thrust pin well into gastrocnemii muscles of legs, and tickled soles of feet, without exciting reply. Lachrymation, however, was observed to follow these proceedings. Was not allowed to catheterize bladder. It was alleged by family that no ingesta had been given, nor excreta perceived. Upon introducing water in mouth, no attempts at swallowing were made.

Third day: Position in bed the same; eyes open, pupils dilated; relaxation of muscles not quite so perfect; anæsthesia of skin uniform; respiration 20, pulse 100, temperature 100 F. Family said she had not eaten, drank, or emptied bladder; would not allow trial of catheter. On this visit gave morphia subcutaneously, with only effect of lowering respirations and stopping hiccough.

As family would not consent to stricter watch over her,

nor to cease her exhibition to public, the case was not seen again for a week, when the condition of things seemed the same. No waste had taken place, the body being well nourished; pulse 85, temperature 99.5; hiccough and the anurea continued. Although the position of patient remained the same, there was no indication of bed-sores. The family again denied that the girl had eaten or drank anything.

Now in regard to these two cases, the first would seem to fall to that class of nervous diseases called hystero-epilepsy. That hysteria was the predominating element is evident from the emotional phenomena, which always enter more or less into its composition. The low, almost normal temperature following a series of epileptiform attacks, amounting to thirty or more in one day, precludes a true epilepsy. Rosenthal says, in hysteria anæsthesia rarely involves the whole integument, hemianæsthesia being the rule. In this case the anæsthesia and analgesia was uniform over body. With hemianæsthesia, says Charcot, is often found ovarian pain and aura. In this case there was no aura, nor did strong pressure over ovaries affect epileptiform attacks.

Case second might be called hysterical lethargy. Of course the statements of family as to its continuous duration, the denials of food having been given, and that anuria was present throughout the attack, are to be received with caution. The subject of hysterical ischuria is generally received with incredulity, and hysterical paruria seldom finds a place in medical literature. Still many of us must remember cases in which suppression of urine was not followed by uræmia for several days, and Paget's well known case, in which the functional activity of one kidney having been entirely destroyed, and the ureter of the other blocked by stone, the symptoms of uræmic poisoning did not take place for fourteen days, although aliguria persisted all the time. From such cases it may be concluded that this patient's ischuria was not impossible.

Discussion.

Dr. Geo. T. Stevens. "Sleeping girls" are by many set down as impostors. About a year and a half ago I saw a young woman, the subject of a hysterical affection for three years. Her illness set in with violent convulsions, which lasted almost continuously for about two weeks. She then passed into a sleep continuing many days, during which her friends say that she neither ate nor drank. From this time she was alternately in a somnambulistic condition and in a normal condition of wakefulness, but never during her illness had natural sleep. While in her somnambulistic condition, which often lasted many days, she would converse freely and perform some services for the family, with closed eyes and the general appearance of a sleep walker. In her waking hours she could recall nothing

which had occurred during the so-called sleep, and vice versa. She would often commence her talk just where she left off at the termination of the last corresponding condition. Restraint became necessary at night, to keep her from wandering in her night clothes. There was absolute hemiplegia of sensation of the left side during the somnambulistic condition. Her friends often saw blood run freely from the right ear. Examination showed the ear absolutely healthy, without the appearance of scratch or injury. She was colorless, the sclera glistening white, the pupils greatly dilated and sluggish, the lips parted and the countenance expressionless. She finally recovered. Before her illness she had worked very hard at home, besides attending school. Her friends, from whom most of her symptoms had to be learned, were people of undoubted integrity. If patients showing these conditions deceive, it is a deception resulting from a diseased imagination as much as do the acts of a lunatic.

Dr. N. L. Snow spoke of the treatment of a case, resembling those reported, the patient having been in a somnambulistic condition about two days. A large mustard poultice was applied to the abdomen, directly in contact with the skin. Consciousness returned, partly before the poultice was removed, the patient lifting one corner in an effort to relieve herself of the irritation.

Dr. Jacob S. Mosher —I feel much interested in this baffling subject. It is often difficult to determine between hysterical simulation of a disease and the disease itself. A patient will often copy one mark only of a disease; but the more familiar with the disease, then the more perfect is the train of simulated symptoms. They will often recover with no treatment at all, except some mental impression. Still, I believe that hysteria is a positive disease. I have known it to prove fatal in one case. What the lesion is, it is difficult to say. Serious results attend diseases that are only functional. Derangement of the sympathetic nerve will undoubtedly produce physical lesions. Œdema may result from functional disease of the heart; swelling of the face from toothache or neuralgia; and it is not more remarkable that sympathetic symptoms may arise in hysteria, without the existence of apparent physical lesions.

Dr. L. Hale gave some particulars in the history of a clairvoyant, whose descriptions of unseen, distant and future things were often verified by subsequent observation. Her family history and exemplary life banished every thought of intentional deception. The case was for a long time under his personal observation.

Dr. Stevens said that in the case he had himself cited, the patient would tell correctly the denomination of a hidden bank bill.

Dr. T. Featherstonhaugh.—Clairvoyance is quite common in many cases of hysteria. One hysterical patient, while sick in bed and in apparent coma, seemed to read my thoughts. I consider hysteria a functional nervous disturbance, simulating various lesions, and actual lesion is not always found. Dousing with cold water is inadmissible if hysteria is a disease, and is certainly objectionable, to say the least, if it be not a disease. If wholly simulated, the so-called moral treatment is sufficient.

Dr. R. D. Clark spoke of a case that was under his care for a year, in which the patient would at times lie in a condition of pseudo-coma, with

great diminution of excreta. It was possible to arouse her from this, and get her to walk about the room. She passed into the hands of Dr. Hull, and is said to be epileptic.

Dr. H. V. Hull.—When Dr. Clark's patient came into my hands, she appeared to be a case of hysteria with pretence. There were mixed symptoms of epilepsy and hysteria. She has never had a true epileptiform convulsion in my presence.

Dr. F. C. Curtis.—The sudden seizures and absurd actions that are known as hysterical are not the only ways in which hysteria manifests itself. It often shows itself in simulation of symptoms of other diseases. A German woman, advanced in pregnancy, simulated very well the symptoms of pneumonia. Subsequently some other ailment was simulated. I had for a long time under my care a woman from the West, stout, about forty years old, who seemed to have paralysis of the arm and slightly of the leg, carrying her arm in a sling with a pillow under it. She claimed to have disease of the heart, with pain and palpitation; but there was no valvular lesion, though there was often a singular failure and almost complete absence of the radial pulse. She was confined to her room, and a little over exertion confined her to bed. She had for a long time been humored in her disease. Moral treatment did most for her, persuading her to do little by little, more and more, till she was brought up to the belief that her strength had returned. A little extra exertion, like playing on the piano or walking a block further than advised, gave her a great many setbacks, however. A carefully selected placebo often does such patients vast good. Benefit has seemed really, however, sometimes to follow chloride of gold and sodium, as suggested by Niemeyer. This last patient has a family history of insanity.

SCARLATINA, WITH UNUSUAL SEQUELÆ.

BY T. KIRK. PERRY, M. D.

Case I.—Nephritis and Lobular Pneumonia following Scarlatina.

On November 15, 1879, a boy twenty-six months old was said to be "suffering from internal convulsions." I found him not wholly insensible, flushed and hot, with lobular pneumonia involving two-thirds of upper lobe of left lung. Eight days later general anasarca appeared suddenly; the child lay unconscious; extremities cold; face and hands grayish blue; urinary secretion suspended; no convulsions nor vomiting. The child was packed in flannels wrung out of hot water, and tea of parsley root was given. After twenty hours, there being but little response from skin or kidneys, thirty drops of turpentine were given on sugar, and turpentine and lard were smeared over abdomen. In less than two hours, a copiraly-

flow of urine saturated the bed and made a pool on the floor. Relief from urgent symptoms was almost immediate. The urine at this time contained albumen, and showed blood, renal epithelium and large epithelial casts.

For a number of days all went well, when, with no premonitory symptom, the patient was again completely water-logged, with suppression of urine. His general course of medicine was again suspended, hot applications were made, and a liniment of ammonia, sweet-oil and turpentine applied to the abdomen. No turpentine internally. The result was satisfactory, but not as rapid as before. From this time convalescence was slow, but sure; and at time of writing, four months from beginning of lung trouble, the boy seems well, except a slight cough.

In this case I diagnosed a pre-existing scarlatina, from the fact of the kidney trouble present; and because mild attacks are frequently unrecognized; the nephritis ushering in both the dangerous symptoms and the physician, and because of the prevailing epidemic of scarlatina.

Case II.—Typho-Malarial Fever, complicated with Scarlatina.

Jennie A., seven years old, was supposed to have swallowed a pin about the middle of last November. After coughing and attempts at vomiting, the pin was found. Nearly a month had elapsed, and, on December 15, her parents sent for me and said that she had not been well since she had swallowed the pin, although she had been well enough to go to school, but had been kept home on account of scarlatina in the house where they lived. She had vomited the day before, and had been hot and fretful all night. The body was red and hot, eyes injected, fauces unusually red, tongue furred, bowels constipated; temperature 104° F.; no eruption. For a day or two there had been a short, dry cough. There was pain in the back of the neck, so much that she could not be made to raise her chin more than an inch or so from the sternum. This was the symptom which most alarmed the parents, and which they referred to the pin. The muscles of the neck were rigid, painful on pressure, not swollen. Next day there was scanty urine, some anasarca, several attacks of nosebleed; no eruption; temperature 104.5°. December 17—Still drowsy and irritable; mental condition good; nosebleed at intervals, tongue dry; urine loaded with urates, no albumen; temperature 103°; neck painful as ever, and enlargement of several cervical glands on each side; swallows unwillingly. December 18—Rotates the head a trifle, but permits no extension nor flexion; tongue moist; temperature 101°. Nosebleed continued during eight [illegible]en days. For the next two weeks the temperature was

never below 100°, with daily exacerbations. After that she held the head almost erect; lymphatics could still be felt.

January 12, one month from my first visit and seven weeks from the first complaint, I was again called. The cases of scarlatina in the house had recovered. To my surprise I found general anasarca, swollen fauces, and scarlatinous eruption; temperature 104°. The disease pursued a characteristic course, and by February, convalescence was established.

Dr. John Harley, of London, is quoted as saying, "The pathological conditions present during a well marked scarlatina and the first stage of enteric fever are so very similar, that it naturally suggests a very great similarity in the morbific element present, and thus throws new light on the reason for an occasional typhoid as a sequence to the former disease." I have found no case cited where typhoid fever has merged into scarlatina, but I can not see why this should not prevail as well as the reverse condition.

Case III.—Facial Palsy following Scarlatina.

December 15, 1879, I was called to a boy thirteen years old, supposed to be dying, who had been sick four days with scarlatina. He was unconscious; tongue dry and brown; breathing stertorous, and pulse rapid. I had him enveloped in cloths wrung out of hot water and changed every twenty minutes, and gave carbonate of ammonia, brandy and water. The next day there was but a temporary revival; suppression of urine; bowels constipated. December 17—Lips brown and cracked, tongue dry and greatly swollen; subsultus and carphologia; fæces and urine passed involuntarily; liquids placed in mouth were not swallowed. Ordered inunction with olive oil, enemata every six hours of half a pint of warm milk and an ounce of brandy, small pieces of ice to be kept in the mouth, cold—not iced—applications to the head, and continued hot stupes. It was about the eleventh day of the disease that the patient showed the first transitory evidence of consciousness, by a staring look and by an attempt to protrude the tongue when asked. Deglutition also improved. After three weeks he first recognized individuals. There was now intolerance of light and congested conjunctivæ; bullæ formed at the outer angle of each eye and at the corners of the mouth, and the escaping fluid excoriated the skin. After the fifth week he set up in bed, and partook of solid food. There was never much albumen in the urine, nor any œdema; desquamation was extensive. The left cervical lymphatics, at about the time of his getting up, rapidly suppurated, the discharge appeared through the ear, and at this time there was noticed slight facial paraly-

sis of the left side, which gradually became total. Since then there has been impairment of hearing in the left ear, inability to approximate the left eyelids, paralysis of velum on the left side, tardiness of appreciation of taste on same side, drawing up of right oral commissure, and expressionless appearance of left side of face.

I owe to Dr. J. B. Stonehouse, who is at present treating this patient with the galvanic current, my most sincere thanks; and I am greatly indebted to Dr. W. H. T. Reynolds, who has diagnosticated "otitis media," to which is ascribed the probable cause of nerve lesion, it being central to the chorda tympani. The membrana tympani is intact.

Discussion.

Dr. J. S. Mosher cited cases where the symptoms of scarlatina were so slight that they escaped notice, and subsequent developments only showed the nature of the disease. A child brought to his office on account of a suppurated gland of the neck showed desquamation of the hands, and inquiry proved that it was recovering from unsuspected scarlatina.

The value of the thermometer in diagnosis of certain diseases in their stage of invasion, as in the cases reported, and for determining the effect of certain medicines, gives it a well defined place in practice, but its use as a means of information in disease should be with much allowance. The range of temperature, which is a fair indication of the extent of the fever, is also indicated by other symptoms. The extent of ulceration of the bowels is not marked by the temperature, though ulceration through an artery and bowel hemorrhage is marked by lower temperature. The comparative pulse range is, however, of value, and a rapid pulse is a valuable indication of complication.

Dr. A. Van Derveer related an instance where a patient did not void over half an ounce of urine in seven days. He referred to the fact that scarlatina often follows surgical operations, and believed Dr. Perry to be correct in his suggestion of its following typho-malarial fever.

Dr. F. C. Curtis. There is a difference in the range of the thermometer that can be relied on as characteristic of some diseases. In scarlatina it has a steady course up for two or three days, and then down as directly. In typhoid it invariably shows morning and evening variations. These peculiarities are of value. I would also estimate highly the value of the thermometer as an indicator of high fever range.

In congestion of the kidneys and scanty or suppressed urine following scarlatina, there is danger of doing too much. Keep the child in a warm bed, and avoid direct specific treatment. There is more need of tonics than of evacuants. Recent experience of the good effect of this plan of treatment has convinced me of this.

Dr. P. B. Collier mentioned a case of scarlatina in a child who had convulsions for twenty-eight hours, and for forty-eight hours voided less

than half an ounce of urine. His treatment was similar to case one reported, except that he did not use turpentine. He spoke of cases where the system has received the poisons of two diseases, in which one of the diseases cannot manifest itself until the poison of the other disease has exhausted itself.

Dr. MOSHER. Tanner states that the incubation stage of some diseases may last six months, and other authors have extended it to a year or more. Germs (or infection which acts as such) multiply, and the time for sufficient multiplication to produce the disease is very variable. It is in this particular, multiplication, that germs differ from poisons, which are definite as to dose and do not increase in amount in the system. In a case reported to this Society some years since by Dr. James L. Babcock, there were the two diseases measles and scarlatina in the system at the same time. They alternated, so that the symptoms of one were apparent one day and of the other the day after; this continuing for some time. I have found these two diseases in the same person not unfrequently. There does not seem to me to be any good reason why this should not be the case.

SEMI-ANNUAL ADDRESS

ON

THE TREATMENT OF BILIARY CALCULI.

BY B. U. STEENBERG, M. D., VICE-PRESIDENT.

Mr. President and Members of the Society:

I had intended to prepare a more formal paper than that which I shall present you to-day; but its preparation has been put off to so late a date, and so many interruptions have occurred in the meantime, that I shall be obliged instead to ask your indulgence to a brief report of a few cases of hepatic colic, together with the result of treatment directed to the prevention of future attacks.

Without going into the history, causation or constituents of gall-stones, and without entering upon their more serious results or consequences, I will proceed at once to detail the history of my cases.

On the evening of October 23, 1874, I was summoned in great haste to attend Mr. G., aged sixty-two years. Immediately responding, I was informed that the case was one of "gall-stones," and an urgent one, as it was feared that it would be his last attack. Previous to my arrival the patient had taken three teaspoonfuls of the solution of morphia, U. S. P., without the slightest relief. I thereupon administered

hypodermically eight minims of Magendie's solution, which entirely relieved him by the time of the arrival of his family physician, in whose absence I had been called. I then withdrew from the case, and heard nothing farther from it until July 9, 1875, when I was summoned with all possible dispatch to again attend him in a similar attack, being nearer than his family physician. During the interval, however, he had had several attacks.

I found him in terrible agony, appealing for help with every breath, assuming every conceivable position of body, in the hope of obtaining some relief thereby; having nausea and vomiting frequently; face and forehead, hands and arms, bathed with cold, clammy perspiration; pulse 65 and small; countenance anxious; skin slightly jaundiced; urine highly colored, and bowels constipated. The pain was most intense in the region of the gall-bladder, radiating towards the umbilicus, with a severe gnawing pain under the left scapula. He had hemorrhoids of long standing, prolapsus occurring with every evacuation for years. The attack was developed suddenly, as had been his previous ones. I saw him within fifteen minutes from the commencement of it, and gave hypodermically twelve minims of Magendie's solution of morphia, which had the happy effect of rendering entire relief in about twenty-five minutes.

He then gave me the following history of his case, from which you will observe he had been a great sufferer at intervals for many years: In 1832 he had a very severe attack of cholera—so severe that his life was despaired of; but with youth and good constitution on his side, contrary to all expectation, he recovered. He was treated at that time with calomel and opium, being profusely salivated. Diarrhœa continued for about a year. A few months after the cessation of the diarrhœa, he was attacked with a pain, the point of greatest severity of which was at the umbilicus. His physician pronounced it intestinal colic. This being previous to the discovery of hypodermic medication, opiates were administered by the stomach. The pain seemed to move from the umbilicus to the right groin, and usually required about twelve hours for its transit, at the end of which time he obtained relief. A dose of salts, to move the bowels briskly, completed the treatment, and resulted in the cure of the attack. These attacks would occur as often as three, four or six weeks, occasionally two months intervening between them, but never a longer time. The smallest piece of fruit cake or a boiled egg, if eaten, would surely produce an attack. He has always been a good liver, but never used stimulants of any kind. His business for years has been such as to favor the formation of sedentary habits,

though requiring him to ride about the city in a buggy more or less every day.

About the year 1870 he noticed a change in his colic. Instead of the old pain at the umbilicus, it occurred in the region of the gall-bladder, and was after a few attacks attributed by his physician to the passage of gall-stones. Since its advent, however, he has not had an attack of intestinal colic. These attacks occurred somewhat less frequently than those first described, but were more excruciating and unbearable, notwithstanding various plans of treatment for their prevention. I may state that although the diagnosis had already been made previous to my seeing the case, I was able to verify it on two or three occasions, by finding, after carefully washing the fæces, a concretion about the size of a small pea, though of irregular shape.

I was next called to the patient July 18, only nine days having elapsed from the last attack. This, however, was a milder one, and as he had already taken three teaspoonfuls of the solution of morphia, and as nausea and vomiting were not marked, I administered two teaspoonfuls more, and in half an hour relief was obtained.

Three months later, October 16, another attack occurred, and was very severe. Twelve minims of Magendie was administered hypodermically, and at the end of half an hour, without relief, six more were used, which succeeded in relieving the pain in about twenty minutes.

November 15 brought another attack, which was quite a severe one, and was relieved by the same method.

The next day I gave the patient the following prescription:

℞

Acid. nitromuriatici dil..... ℥ij

Ext. taraxici fl.....
Tr. gentianæ co..... } *aa.* ℥ij

I directed him to take one teaspoonful before each meal; also to take one tablespoonful of olive oil after each meal, and if the bowels remained constipated to take one teaspoonful of epsom salts, dissolved in water, before breakfast every morning.

In about one month he told me that he had persevered to the letter with the treatment, and that he felt in every way a great deal better; that he had already finished his third bottle and the oil had also been regularly taken. The salts had been discontinued after a few mornings, the constipation having been entirely overcome.

Since November 15, 1875, to the present day he has not had an attack even of the slightest character. He took his medicine regularly for about four months, when he stated that

he did not remember the time when he felt as well as then. I advised him to suspend it for a month, at the end of which time to resume it for a few weeks, and so alternate; which plan he has carefully observed down to the present time. I see the patient almost daily, and a more active, healthy man of his age does not live in Albany to-day.

The next case which I shall mention was that of Mrs. W., aged 43 years, of spare form, though tough and a hard worker; the mother of nine children.

I was first summoned to attend her November 13, 1873. Found her suffering so intensely that she could not remain quiet long enough for me to even take the pulse. She had been in this condition about an hour and a half. The pain was of a tearing or cutting character, and was developed suddenly, the points of greatest severity being at the pit of the stomach and right epigastric region, with a severe pain under the right scapula and in the region of the clavicles on both sides: also a dull, heavy pain in the right hip. There was great nausea and vomiting, with several chills during the attack. I administered fifteen minims Magendie's solution hypodermically, over the pit of the stomach, and in half an hour the attack was relieved.

At my next visit, on the following day, she gave me a brief history of her case, as follows: In 1862 her first attack occurred, having never in her life before been obliged to call upon a physician except in her confinements. Morphia, chloroform and ether were administered in sufficient quantities to render partial relief, but the instant the effect of the medicine began to pass off, the pain was renewed with all its violence, when at the end of the second day she experienced sudden relief. After a couple of weeks, with careful nursing, she fully recovered, and remained in fair health for five years, during which time she gave birth to four children—the first living only two days, the second two weeks, the third five weeks, and the fourth two years, though delicate from its birth.

From this time, in 1867, the attacks occurred every four, six or eight months, until the time I saw her in November, 1873, since when they came on still more frequently, only two, three or four months at most intervening between them. The patient became much debilitated.

November 30, 1876, I gave her the same prescription as that of Mr. G., with the exception of the oil. She took three or four bottles faithfully, at the end of which time she expressed herself as being as well as ever. I directed her, as in the other case, to omit it for a few weeks, then return to it again for a like period; but feeling so well, she actually considered herself cured, and failed to follow directions by having the bottle

again renewed. She, however, remained free from the attacks for more than a year, when I was again summoned to attend her. From this time they occurred every month for several months, and were very severe. I have frequently administered fifteen minims Magendie's solution at once, and in half an hour, without relief, followed it with ten minims more. June 10, after a very severe attack, I induced her to return to her medicine. She has carefully followed directions, as previously ordered, from which time she has not had an attack, and expresses herself as being perfectly well in every way.

It may be well to state that I verified the diagnosis in this case as in the former, as did also the physician who attended her previous to the time she came into my hands.

There are four other cases, whose histories, perhaps, would be interesting; suffice it to say, however, that they received the same treatment, followed by the same marked benefit.

I do not claim nitromuriatic acid to be a panacea for gall-stones, notwithstanding every case in which I have administered it has been benefited by it; but it would appear to be a singular circumstance that all the six cases mentioned had run their course, and were cured by limitation. In every case the general health improved immediately. It is not a new remedy, but I have never seen it recommended for the difficulty in question.

Nor am I prepared to say just how it acts; but I might suggest that gall stones do not form from healthy normal bile; that the acid so acts upon the liver as to induce it to the secretion of healthy bile, thus preventing further formations. I would further suggest the possibility of healthy bile possessing the ability of dissolving or breaking down concretions already formed, as would seem to be indicated in the first case mentioned, from the following circumstance: After having taken the medicine for four months, he informed me that he was annoyed by the presence of little sand-like particles around the anus and adhering to the hairs in the vicinity, which he found after each evacuation for a long time, and which I examined, and in view of the fact that it had never before occurred, I believe them to be the debris of stones broken down by the action of healthy bile. Being so small, they were readily carried along with the bile to the intestine without causing the least distress to the patient.

Mr. President: I have not aimed at the minutiæ or fine points of my subject, my object being simply to place upon record the benefits derived from the acid treatment of gall-stones.

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

Regular meeting at Alumni Hall, April 7, 1880. In the absence of the President and the Secretary, Dr. J. S. Mosher was called to the chair and Dr. R. D. Clark was elected Secretary *pro tem.*

The following-named physicians were proposed for membership, and their written applications referred to the Board of Censors, viz: Drs. D. C. Case, A. P. Casler, G. E. Elmendorf, J. W. Gould, L. B. Hoit, F. J. Merrington, S. R. Morrow, J. J. White and T. R. Worden.

Dr. T. K. PERRY reported cases of "Scarlatina." Discussion by Drs. J. S. Mosher, Van Derveer, Curtis and Collier.

Dr. N. L. SNOW presented a paper on—

SYPHILITIC DEGENERATION OF ARTERIES AS A CAUSE OF ANEURISM.*

Syphilis is one of the most predisposing causes of aneurism. The length of time is very variable that elapses before the arteries are affected, or that life may be prolonged by the strengthening of them when diseased by protective fibrine. This difference in time is shown in two cases; in one death resulting in three years, in the other in sixteen.

Case I.—Nellie B., aged twenty-two, contracted syphilis three years ago. Secondary symptoms observed in a few months, which were relieved by treatment and good health maintained till January last. She then began to have a paroxysmal præcordial pain, very severe on exertion and gradually reducing her strength. When seen in March she was debilitated. There was a faint bruit at the base of heart; lungs healthy; urine albuminous, but no casts. Paroxysms increased in severity, and from the 20th until April 4 occurred daily. Any slight, unexpected noise or movement tended to bring them on. The

* Appeared in full in the *Medical Record*, August 28, 1880.

pain radiated to the left shoulder and arm. During paroxysms she became livid; pulse 85 to 100, and in right radial slightly felt, and disappearing from the left; respiration restricted, with copious diaphoresis. On recovering she would be completely exhausted; pulse rapid, respiration slow, shallow and irregular. At the last the pain became sub-sternal, and was excited by deglutition.

Post-mortem.—Liver amyloid; kidneys enlarged and congested; spleen and lungs normal; heart enlarged; substance pale, soft; the endocardium thickened, pale, with recent atheromatous patches; pericardium thickened. Entire arch of aorta dilated to twice its size, and of varying thickness; at its origin a constricted ring producing a sac above it, also a similar one at termination of the arch; atheromatous patches on the arch, and nodulated; coronary arteries dilated and coats thickened; left subclavian completely occluded by a small portion of the degenerative tissue.

Case II.—Male, aged thirty-nine; reduced by riotous living and exposure. Was having excruciating pain when first seen, in the abdomen and down to right thigh. Had a large abdominal tumor in the right hypochondrium and iliac region, extending beneath Poupart's ligament. There was great œdema of the leg. The tumor increased and involved all of right side of abdomen. He became much reduced mentally and physically. An exploring needle showed it to be aneurismal. He died three months after he was first seen.

Post-mortem.—Liver amyloid; kidneys enlarged; abdominal walls thin and adherent to tumor; intestines and stomach displaced to left. Right external iliac artery passed over the tumor, partly imbedded in it. The aneurismal sac extended from last dorsal vertebra to four inches below Poupart's ligament; 10 inches long, diameter 7 inches at largest, above Poupart's ligament. The coats of the internal iliac had evidently given way, increasing in size, and burrowing down in the thigh.

The arterial lesions of syphilis have of late been objects of much study, but it seems to be questioned whether syphilis produces aneurism. Clinical evidences seems to give proof of it, however. Syphilis is clearly a predisposing cause of atheroma. The middle coats of the artery are the seat of this deposit. Gummy infiltration also occurs between the coats of the artery and gelatinous nodules may develop from the middle coat. The arterial wall being weakened yields to the pulsation, and develops an aneurismal sac. Aneurisms end fatally by rupture, gangrene of the vessel, or constitutional irritation. Death evidently resulted from the latter cause in the two cases reported.

Discussion.

Dr. A. Van Derveer. An early history of aneurism leads to a suspicion of syphilis. The middle arterial coat is the first to give way.

The first case seems remarkable in many respects. In the second case a proper diagnosis was hard to be made, from the masking of symptoms. Nature had begun the work of repair by depositing layers of fibrin.

Puncturing an aneurismal sac is not an unheard of thing. A surgeon in Bellevue made this mistake a few years since.

Dr. J. S. Mosher reported the case of an aneurism, recently seen, in the descending aorta, which had worn away part of the arch of the aorta and some part of the periosteum of the spinal column. It had formed a sac under the psoas muscle five inches long. Clots were found in various parts of abdominal cavity, which were held by adhesions to surrounding parts.

Society adjourned.

LORENZO HALE,
Secretary.

Regular meeting in Alumni Hall, April 21, 1880. Thirty-two members present. The President, Dr. J. M. Bigelow, in the chair.

Dr. G. L. Ullman nominated Dr. S. E. Ullman, and Dr. F. C. Curtis nominated Dr. M. R. C. Peck for membership. The written applications for membership were referred to the Board of Censors.

Dr. Wm. Hailes exhibited—

AN IMPROVED MICROTOME.

This instrument may be employed as a simple or as a freezing microtome, arranged for either ice and salt, ether spray, rhegoline, etc. The former is preferred. Time of freezing is about seven minutes, except in very warm weather. It is absolutely necessary that the mass should be frozen solid, or sections cannot be cut smoothly. An extra freezer may be employed, and delay avoided.

The art of cutting is readily acquired, and when the preparation is frozen it is the work of a few moments to obtain several hundred sections. Two hundred or two hundred and fifty sections can be made each minute, and of a uniform thickness of about $\frac{1}{1200}$ of an inch (or thinner). It is not necessary to remove the sections from the knife every time, but twenty or

thirty may be permitted to collect upon the blade. They lie curled up upon the knife, and when placed in water, straighten themselves out perfectly in a few hours. The knife I employ is an ordinary long knife, from an amputating case.

Perfectly fresh tissues may be cut without any previous preparation, using ordinary mucilage (acaciæ) to freeze in, but most specimens require special preparation.

If preserved in Muller's fluid, alcohol, etc., they require to be washed thoroughly for several hours, and then, according to the suggestion of my friend, Dr. David J. Hamilton, F. R. C. S., etc., of the University of Edinburgh, Scotland, [*Journal of Anatomy and Physiology*, vol. xii], the specimen is placed in a strong syrup (sugar two ounces, water one ounce) for twenty-four hours, and is removed to ordinary mucilage acaciæ for for forty-eight hours, and is then cut in the freezing microtome.

These sections may be kept indefinitely in a preservative fluid recommended by Dr. Hamilton:

℞

Glycerinæ	a. a. ℥iv
Aquæ destil.....	
Acid. carbolic.....	gtts. iij

Boil and filter. The addition of two ounces of alcohol is advisable.

The Secretary read a telegram from O. H. E. Clarke, M. D., of Cohoes, and a note from J. L. Babcock, M. D., expressing regrets at their inability to fulfill their engagements in the program of the evening.

[Proceedings continued in next number.]

EDITORIAL.

THE DOMESTIC USE OF RIVER WATER.

In the face of the fact that our present domestic water is declared by competent chemists to contain organic matter, in its various phases of disintegration, to an excessive degree, it is not easy to do otherwise than condemn it. Many of these

practical questions fail of a practical answer from the closet, but here is a demonstrable condition that seems to admit of a yes and a no. As will be seen, however, by reference to the discussion,* there is variance in the results of analysis. Dr. C. F. Chandler found the water nearly as pure as the typical croton, while other chemists find it very much less so and question his method of analysis.

The decision of this question is a most interesting one. Here is a vast, inexhaustible source from which limitless quantities of water may be had for the taking. That is a feature of no slight hygienic importance, which it is needless to dilate upon. In hardness it compares favorably with any supply, an economic and to a less degree hygienic advantage. But economy as well as this degree of hygienic adaptability are negatived if the river is poisoned by sewage.

Is a river thus polluted (and probably every river is to a degree) capable of self-purification? Some take the radical ground that it never is; once contaminated, it ever remains so. Unfortunately a question apparently so easy of solution, remains a mooted one. Victor Hugo says, "It is notorious that at this hour, the Thames is poisoning London"; the abrupt statement of a brilliant novelist, but showing that all discussion of this theme goes back to exhaustive examinations repeatedly made of that river. But either side of the question can be proven from these reports. Most respectable authorities have reported the Thames water as perfectly wholesome. Assuming this side of the question, how does that river compare with the Hudson? The latter has a contiguous population of 200,000. The area drained by it and the Mohawk above this point has probably an entire population of double this number, two-thirds of which probably drain by sewers directly into the river. The Thames water-shed, while being about half this size, has more than double the population. The Hudson, moreover, has a volume five times that of the Thames. The inference is that if Thames water is sufficiently pure to admit of any favorable result of investigation, the Hudson is probably safe.

Water is the great solvent, and rivers are the receptacle;

* See page 85, Transactions of the Society, of the last number, and article I of this.

they are drains. But a mass of testimony can be cited to show that they are capable of self-purification. It is done by aquatic plants, fish, infusorial animals, and oxidation. Dilution, too, undoubtedly plays a large part, just as it does a vast deal towards purifying a small-pox tenement. As to the destruction of specific disease germs, until we know more definitely what they are, we must hold the question open whether they are or not capable of sharing a like fate with mere filth.

But, *per contra*, there is to be remembered the unfavorable testimony to this spontaneous purification, and perhaps the more recent expressions are in this direction.

Meantime, while chemists differ, can doctors agree? What is clinical experience on the question—what the healthfulness of the many cities drinking from these drains? A comparison of the rates of mortality, taking contiguous circumstances into note, will help. Collate these facts. That our city shows no ill effect as yet, will be allowed. The Registrar's report just made shows a death rate for the year of 12 to the 1,000. But the well known fact, noted by Dr. Tucker, must be kept in view: that impure water may be used a long time, and its noxious action resisted. A foul well is sometimes used for years, and finally becomes the sole cause of an outbreak of diphtheria. Still something may be learned.

The old source of water supply was a defiled one. We all have seen the filth flowing into it in numberless streams. It was the drain for the West Albany cattle-yards, and of the region around and above. And it is worth a thought whether a collecting pond of stagnant water can be ever a desirable source of supply, unless it be itself a direct store of existing local springs, which would relieve it of the imputation of stagnation.

As to the numerous wells so largely patronized here, clinical observation is greatly against them; and it is high time that chemical analysis was made for a confirmation.

The present source is, perhaps, not a safe one. The weight of scientific testimony seems to be against it; though, reasoning from a comparison with analogous cases, the proportion of sewage and water being so much smaller than many, it would seem to be venturable. But its place of taking is vicious—

directly off the city, where, ignoring the modicum from above, our own city emanation, freshly discharged, is carried back and forth by the tide and current.

Cannot a point be found higher up that will be safe, and still not beyond where the engineers will say is impracticable? It is surely to be hoped that so inexhaustable a source is not to be altogether righteously condemned.

Dr. DANIEL WASSERBACH died at 330 South Pearl street, Albany, September 11, 1880. About eight years ago he had an apoplectic attack, and since then has been subject to epileptic convulsions. There was also mitral regurgitation.

He was born May 23, 1814, in Amsterdam, Holland. He received a license as "Apothecary" from the Provincial Commission of North Holland, in Amsterdam, February 1, 1836; also a license to practice surgery from the Provincial Commission of North Holland, January 3, 1843; and a license to practice obstetrics from the Provincial Commission of South Holland, at Hague, October 3, 1843. He arrived in the United States in 1851.

He was proposed for membership in the Medical Society of the County of Albany by the late U. G. Bigelow, M. D., and was received into the Society November 13, 1855. He died as he had lived, "trusting," as he once said to the writer, "in the Rock of Ages."

THE MEDICAL ANNALS' OFFICIAL REGISTER.—We are requested to note the following changes in the Office-Hour Register, which appeared as a supplement to our August number: In the Medical Society of the County of New York, the *fourth* Monday in the month, and not the "first," is the time for the stated meetings. In the Medical Society of the County of Montgomery, for "Smolz, J. A.," substitute *Smeallie, J. A.*

COMMUNICATION.

INVALIDITY OF THE REGISTRATION ACT OF 1880 AS TO PRACTITIONERS ALREADY LICENSED.

BY A MEMBER OF THE BAR.

The Revised Statutes of the State of New York, chap. xiv, title vii, confer upon such persons as comply with the requirements of the law, the right to practice medicine in this State, subject to forfeiture only on the substantiating of specific charges preferred to any county medical society against any member thereof, "of gross ignorance or misconduct in his profession, or of immoral conduct or habits," (sec. 3). Sections 25 *et seq.* specify the conditions on which licenses to practice medicine in this State were granted, which licenses become operative immediately upon the admission of the person holding them to membership in the county medical society of the county in which he resided. (Sections 1 and 2.) Persons thus licensed to practice acquire a vested right to continue the practice of medicine in this State, of which no subsequent act of the legislature can divest them by requiring the performance of further acts, in order to retain and confirm the right already secured. Since the trial of the celebrated Dartmouth College case, the law has been entirely settled that a charter by act of legislature amounts to a contract between the State and the individual or society, and, as such, it remains of binding force upon both parties equally. The State cannot by subsequent legislation revoke or repeal it, as such legislation is unconstitutional, because it impairs the obligation of a contract.

What validity then has the legislation of 1880, requiring all physicians to register, in its bearing upon those practitioners who, by complying with existing laws, have already secured the right to practice medicine in this State? It may be suggested that even granting the law to be impotent in this regard, it should still be held valid as regards the penalties imposed for neglect to register. Possibility the point might be made that the duty of registering is a duty imposed on the practitioner not *as* a practitioner, but as a citizen; and so the penalty for non-compliance with the law may still be held valid, even granting as an abstract proposition, that the practitioner once licensed still retains the right to practice, and cannot be deprived of that right without cause, the imposition of the penalty for non-registration thus being justified on the ground that the recalcitrant practitioner is derelict in his duty as a citizen; and that he is not deprived of any right, but only regulated in the exercise of his rights. But would not this be a securing by indirection of an object clearly *ultra vires*, if attempted directly? Yet, it the law be thus considered as merely a regulative one, is not the imposition of any fee for registration, however trifling the amount, in itself sufficient to render nugatory the entire enactment, on the ground that it transcends the constitution by imposing an additional burden as a condition precedent to the exercise of a right already secured by law?

College and Alumni Notes.

Dr. Wm. Asbury Hall, '75, Fulton, Oswego Co., N. Y., was married at Lowville, N. Y., September 15, to Miss Ida A. Dickinson.

The opening lecture of the College session of 1880–'81 was delivered before a large class, October 5, by Prof. Wm. Hailes. The indications point to a very successful year. Quite extensive alterations and repairs have been made in the main building, and the old Law School building (Alumni Hall) has been fitted up as a Laboratory of Histology and Pathological Anatomy, over which Professor Hailes will preside, assisted by Dr. Seth G. Shanks, '75.

The Faculty has been strengthened by the appointment of Dr. S. O. Vander Poel, Jr., as Adjunct Professor of Pathological Practice and Clinical Medicine; Dr. Franklin Townsend, Lecturer on Physiology; and Dr. F. C. Curtis, Adjunct Professor of Dermatology.

BOOK NOTICES.

——Calcium Salicylate in the Serous Diarrhœa of Infants. By Alex. Hutchins, M. D. From *The Proceedings of the Medical Society of the County of Kings*, September, 1880.

Dr. Hutchins's article is a valuable one, and if the drug named will always act as satisfactorily as it has in his hands, it is impossible to properly estimate its importance as a therapeutic agent. It should be given in doses of three to five grains every two to four hours.

——Peptonized Milk as Food for Infants and Invalids. By R. J. Nunn, M. D. Reprinted from *American Journal of Obstetrics and Diseases of Women and Children*, July, 1880.

Professor Nunn claims the necessity in many cases of boiling the milk used as food, and the superiority of the milk peptones as an article of diet for infants and invalids over many of the artificial foods and even milk itself when prepared in any other way.

——Protection of the Insane. A pamphlet issued by the National Association for the Protection of the Insane and the Prevention of Insanity. 1880.

After stating the objects of the Association and its constitution, the following papers, read at the Cleveland Conference, are introduced: "Why we need a National Association," etc., by Dr. Geo. M. Beard, of New York; "Non-restraint in treating the insane," by Dr. J. C. Shaw, of Brooklyn, N. Y.; and "The right of the insane to liberty," by Dr. E. C. Seguin, of New York.

Dr. H. B. Wilbur, of Syracuse, N. Y., is President, and Miss A. A. Chevaillier, 10 Marble street, Boston, Mass., Secretary, of the Association.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. DECEMBER, 1880. Number 6.

SOME CONSIDERATIONS ON UTERINE CONGESTION, WITH ITS RELATION TO MENSTRUATION.

BY FRANKLIN TOWNSEND, M. D.

Having become more or less interested in the subject of uterine congestion, and its bearing upon the many disorders which so frequently beset the female pelvic viscera, we were not a little surprised to find the lack of material information upon the subject, many authors ignoring it entirely, while others scatter it in among their inexhaustible pages, like drift-wood, only causing the enthusiastic reader to be led into the perplexing snares of a more or less mixed and unsettled scientific question. Surely congestion of the uterus, constituting, as we think, one of the most serious barriers to the cure of uterine diseases, complicates, or at least plays an important role in a very large proportion of such cases. Considering its conditions, it cannot but tend to perpetuate itself. "It exhibits little or no tendency to spontaneous recovery." The organ in which it occurs is rendered permanently larger, its tissues are infiltrated with serum or semi-plastic extravasations, its contractile force, the tonicity of its vessels, are impaired, the blood brought to the uterus, either by the ordinary distribution or by intermittent fluxions, is delayed, a kind of hæmostasis is induced, and these conditions are aggravated by time, by the mechanical impediment to the course of the pelvic circulation."

It would be well to define first of all what we mean by congestion of the uterus. We fully concur with Dr. Barnes, who states in his work on Diseases of Women, that congestion or engorgement implies a more prolonged fullness of the vessels than mere fluxion. There is more or less retardation of the blood in the vessels, and this of necessity entails more or less effusion of the serous or aqueous elements of the same into the surrounding parenchyma. In other words, there is an increase of the blood in the uterine vessels over and above its physiological requirements, with corresponding transudation and infiltration, implying little or great, according to circumstances, swelling or tumefaction. Now there are times it is true when we may have transitory increased vascularity of parts in excess of physiological need, but without the tendency to infiltration of tissue or even great retardation of blood in the vessels themselves. This we choose to designate "Simple Fluxion," in contradistinction to the term "Hyperæmia," which we understand means an excess of the circulating fluid in the more or less dilated vessels of a part, which fluid is apt to produce a "continuous or chronic fullness of the vessels, this not necessarily implying morbid action in that part, but which at most leads to languid, passive changes."—(Barnes.)

The very old saying, "Ubi stimulus, ibi affluxus," as a generalized fact, has been recognized through all ages of man; hence, *irritation* as a prolific factor in the ætiology of congestion, not only of the organ under consideration, but of all parts composing the human economy, ranks eminently first and foremost. Under this category might be cited cases of congestion due to blood poisoning, adventitious growths, parturition, abortion, imperfect involution, etc. It is also not unusual to find the catamenia so cited; or better, we might say that it would be not a little unusual to find an author who did not look upon menstruation as a periodical congestion, or secretion of the uterus, causing hemorrhage from the mucous surface of that organ. For example, Foster, in his text book on Physiology, edition 1880, under the head of Menstruation, says (speaking of the uterus), "While the whole organ becomes congested and enlarged," etc. Flint and Dalton use language not essentially different, not to mention a host of other names all subscribing to this idea. One author of no mean repute goes still further by saying that not only is there congestion of the uterus during menstruation, but also an erection of the organ takes place.

Considering these points somewhat carefully, we have been led into the idea, that theory *may* not be entirely correct, at

least when looking upon congestion in the light of a pathological process, and more especially do we regard such theories with more or less suspicion when influenced by the remarks and observations of such men as Duparque and Williams. The former gentleman, in his "Traite theorique et pratique sur les alterations organeques, simples et cancereuses de la matrice," which obtained a prize, we might add, in a country where pathology is not a little cultivated, says "that the circulation may, by its activity, throw a much greater quantity of blood into the uterus than usual, may engorge its vascular system, and, moreover, more or less increase the size of the organ, either in its totality or in one of its parts, without there being, properly speaking, any disease. We notice this at the menstrual period sufficiently, though more extensively after parturition." In the first case, the *congestive state*, meaning uterine fluxion or plethoric state of the uterus, synonymes used by the author, is necessary to the accomplishment of the periodical function to which women are subject, and it is the result or inevitable consequence of the accomplishment of another function, *viz.*, parturition. *If*, however, this congestion *pass certain limits* in intensity or duration it constitutes a true state of disease, *particularly* when it takes place out of those normal epochs which we have just mentioned. But by far the most conclusive argument brought to bear upon the subject in question is that by John Williams, of London, in an article read before the Obstetrical Society of that city, "On the relation between congestion of the uterus and flexion of the organ," and which may be found in volume XVI of the transactions of the same society. Here it may be immediately observed that the author is unable to regard the catamenial period as constituting a congestion or even an erection of the uterus, nor even as "a symptom of such conditions," to use his own words. "If a uterus be examined directly after the menstrual discharge has made its appearance, *the uterine appendages* will be found much congested, the veins os the broad ligaments and ovaries being distended with blood. If a section of the uterus itself be made, it will be seen that the *muscular* portion of the wall *is pale* and *contains but little* blood, while the *mucous membrane*, which, just before menstruation has commenced, has attained a thickness of almost half an inch, is almost black from engorgement of its vessels and extravasation of blood into its substance." By mucous membrane the author here means the inner surface of the uterus, in accordance with generally adopted views, but it would be well to say that Dr. Williams does not entirely agree with these views, as he considers the uterus "not as an organ possessing a mucous mem-

brane, but as a mucous membrane, whose muscular fiber-cells have undergone great development." The data upon which he bases these views can be found in the *Obstetrical Journal*, and partially in "Barnes' Text Book on Diseases of Women." Continuing further he says, "The period during which the menstrual discharge flows is the time in which the muscular walls of the uterus contain least blood; from the cessation of one discharge to the onset of the next following, there is a continually increasing flow of blood through the uterus." This, he goes on to explain, is due to the circumstance "that the internal walls, during the intermenstrual interval, are rapidly proliferating, growing greatly in thickness, and developing a new mucous membrane." According to many authors, this same membrane is actually shed during the catamenia, and subsequently entirely regenerated. Observing Williams' views, though menstruation is accompanied by a rapid growth and subsequent rapid fatty degeneration of the mucous membrane, which extends quite as deep as that layer of muscular fibres which intermingle with the deeper portions of the uterine glands, the hemorrhage is then accounted for by this action of decay continuing so far as to expose small blood vessels; the muscular wall contracting drives the blood from the vessels of that portion into those of the mucous membrane and broad ligaments, resulting naturally in more or less paleness of the muscular wall, while both broad ligaments and mucous membrane are gorged with blood. That there is increased vascularity or fluxion uteri during the menstrual period cannot be doubted. But the uterus is not the only organ subject to such physiologically increased vascularity. Do not the stomach, liver, kidneys, etc., frequently enough partake of such phenomena? But, to our knowledge, it has never been asserted that such a physiological process favors or causes chronic congestion in the organs mentioned. You will remember M. Rouget's erectile theory of menstruation, where he maintains that the said erection is produced by contraction of that layer of muscular fibres found underlying the peritoneum lining the pelvis, which action constricts the veins returning from the uterus. Erectile tissue is also claimed to have been found by him in the uterine wall or tissue. Further, he maintains that for the three, for five, or as many days as menstruation lasts, the uterus remains in a condition of erection, and this is supposed to be due to contraction of the muscular fibres above mentioned. Physiologically considered, this cannot well be the case, for, as Williams remarks, "we know of no such *lasting* muscular contraction or *continuous* erection, except in disease." The contractions of the uterine muscles in labor

pains affords a striking illustration of the action of non-striated fibres; they last from "a few seconds to one or two minutes," according to Cazeaux. We see, therefore, that the history of the contractions of involuntary muscular fibres is one of gradual access, continuing for a certain period and gradually disappearing. Presuming on the other hand that there *may* be moments of erection of the uterus, could we well say that this of itself would cause chronic engorgement? Reasoning from analogy, combined with our general knowledge of other organs, would naturally forbid such an assumption, for who of us has ever heard of chronic engorgement having arisen from frequent erections of the clitoris, penis or nipple? Williams' idea concerning any "turgidity" of the uterus due to increased blood in the uterine vessels before menstruation, is that it is not due to muscular action constricting the veins returning from the uterus, but to a "physiological growth, which growth is a preparation for the reception of an impregnated ovum." Besides these points enumerated, it occurred to us that the thermometer might be of avail in helping to settle the question, and with this view in mind we took advantage of opportunities afforded us during service at St. Peter's Hospital to make thermometrical observations, first, just before menstruation; 2d, just at the time, second day; 3d, just after. There were seven cases in all upon whom we were enabled to make examinations, so few in fact that we feel ourselves to have gained but little toward the desired result, and shall therefore have to wait until a more fitting number fills our schedule of statistics, before presenting something which we fain would call reliable. In the meantime we would be highly honored by any such observations being made by others, and reported to us as a more speedy means of fulfilling an end which we trust is not over-estimated.

OPERATION FOR EPITHELIOMA OF THE TONGUE, RESULTING FATALLY.

BY O. H. E. CLARKE, M. D.

It is more agreeable than it is advantageous to record our successes only, for our failures afford the best school of experience and the surest guide to more successful efforts. It is in

this spirit that I submit the report of a case of operation for epithelioma of the tongue, which resulted in the death of my patient.

Before giving the details of the case, however, allow me to make some brief remarks on the operation itself, and the different methods of performing it. It is an operation which is especially justifiable for alleviating if not permanently curing, since the distress in swallowing, the implication of surrounding tissues as the larynx, and the like, make the existence of epithelioma of the tongue especially appalling.

Some of these operations have been extremely gratifying in their results, and it has been my good fortune to see several performed by my teacher, Prof. Geo. E. Fenwick, of McGill University, Montreal, which resulted in the prolonged relief of the patients, and even apparent cure of the disease. This circumstance, no doubt, influenced me somewhat in my course in the case under consideration.

The different methods of operating, at present followed, may be designated as those of Regnoli, Syme, Nunneley (with the modifications of Fenwick and Paget), and the operation with the galvano-caustic ecraseur. Sedillot and Collis have also proposed useful improvements in operating.

Regnoli's operation consists in making a crescentic incision along the bone of the lower jaw and another in the median line to the hyoid bone. The flaps of integument having been reflected, the muscles belonging to the lingual and hyoid groups are detached from the inner surface of the inferior maxillary bone. The tongue is then brought down through this ample opening and amputated with the knife or ecraseur. The objections to this mode of procedure are: 1st, that it leaves a large and dangerous wound; 2d (which is of more importance), that it severs the muscular attachments of the elevators of the os hyoides, as also the muscles which oppose the closure of the epiglottis. Cases have been reported in which the surgeon, after this operation, has had to pass a ligature through the epiglottis to prevent his patient from being asphyxiated; and a case is related by Erichsen, in which, after this operation, there was a perfect inability to swallow, and the patient had to be fed with a tube passed into the stomach. It thus appears that the retention of the attachment of, at least, a part of the muscles that raise the os hyoides, is of the utmost importance. The third objection to Rignoli's operation is that the tongue being drawn downwards, the chain of the ecraseur (if one is used) does not sever the arteries of the tongue at right angles to their course, but in an oblique direction. This does not allow them to retract as effectually within their sheath, and hemorrhage is more likely to result.

In Syme's operation an incision is carried through the lower lip as far down as the hyoid bone; the lower jaw is sawed through, the muscular attachments of the tongue detached with the exception of the mylo hyoid, and the lingual arteries cut and tied. Sedillot has proposed that the section of the inferior maxilla be made irregular, which aids in retaining the segments in apposition, during the process of reunion. Syme's operation affords free access to the posterior part of the affected organ, without detaching the principal part of the anterior elevators of the os hyoides. The tongue can then be excised either with the knife or ecraseur, or galvanic ecraseur. The lingual arteries having been secured, the chief source of hemorrhage is removed. It is best to tie one artery before cutting through the other. In spite of the advantages of this operation, according to Gross, out of thirteen cases operated on by Syme, four were fatal, or twenty-six per cent more than after the simpler operation of Nunnelley.

This latter operation consists in passing a bistoury from beneath the chin through the floor of the mouth. The chain of the ecraseur is carried through the wound and spread out over the base of the tongue, which is slowly severed by that instrument. Out of nineteen cases not one was lost by Mr. Nunnelley. In two of the three remarkably successful cases in which I saw Dr. Fenwick operate, the method of Nunnelley was followed, with some variation, and in one, that of Syme. In none of these was there any hemorrhage worth mentioning. Paget, instead of puncturing the floor of the mouth from below the chin, simply detaches the tongue along the floor of the mouth, with the knife, including the attachment of the genio-hyo-glossus muscles at the superior tubercle of the jaw. This allows the tongue to be drawn forward and encircled by the chain of the ecraseur. The objections to both these forms of operation are that they do not give sufficiently free access to the posterior part of the tongue, when the disease has extended far backward, and that, for the same reason it is difficult to tie several arteries should much hemorrhage supervene. To obviate this difficulty, Collis has proposed that an incision sufficiently long should be made through the cheek. This offers free access, a disadvantage of minor importance being the resulting scar.

The operation by the galvanic ecraseur has been very successful, but the use of this apparatus is not an absolute guarantee against hemorrhage. I will quote from the report of a case given by Mr. Walter Whitehead, in Braithwaite's Retrospect, the manner of performing the operation:

"The patient being completely under the influence of chloro-

form, the tongue was firmly drawn upwards and forwards, during the operation, by a ligature, which was passed through the lip. A loop of the galvanic ecraseur wire was then passed into the mouth, by a needle, in the central line, midway between the jaw and the os hyoides, in close proximity to the tongue. The loop was then passed over the tongue into the sulcus, in front of the epiglottis, and retained in this position by means of the forefinger of each hand, until the wire had obtained firm hold of the structure within its grasp. At this stage, and not before, the galvanic circuit was made complete, and the platinum wires allowed to become sufficiently hot to give unmistakable indications of burning animal matter. A single turn of the ecraseur screw was made every half minute, and during each pause the galvanic current was interrupted. About eleven turns of the ecraseur sufficed to remove the tongue. No bleeding occurred, either during or succeeding the operation, and immediately after the effects of the operation had passed off, the patient sat out of the bed, for a quarter of an hour."

I will now briefly relate the history of my own case: On the 29th of October, 1875, John C., aged 65, a native of Scotland, married, and a slater by trade, consulted me about a small ulcer, situated on his tongue, opposite the second lower molar on the left side. It was the source of much pain, partly local, caused by friction of the tooth, and partly of a neuralgic character, extending to the ear and side of the face and head. The ulcer was about the size of a small bean, and was surrounded by hardened tissue, about one inch in length by one-half inch in breadth, at the site of the ulcer, and tapering to a point both forwards and backwards. I at once concluded that the nature of the disease was epithelioma, but advised extraction of the tooth that irritated the diseased part and the trial of constitutional treatment. The molar was accordingly extracted, and the patient put on twenty-grain doses of iodide of potassium, three times a day, nutritious diet and an opiate at night. Various local applications were made as mouth washes, such as carbolic acid, borax, chlorate of potash, etc. I, several times, lightly touched the ulcerated surface with nitrate of silver. I may here state that a careful inquiry was made into the history of the patient, without discovering traces of syphilis. The use of tobacco in all forms was admitted, as also of alcoholic beverages; but I discovered, subsequent to his death, that this was habitually carried to an excess, which the patient withheld from my knowledge.

As usual in such cases, progressive extension of the disease and aggravation of the symptoms took place. The patient

was examined by several of my professional friends, and all agreed with the diagnosis I had made. An operation was clearly called for, and as he declined decidedly to go to a hospital for the purpose, I decided to operate, myself, a month after he came under observation. The invaded tissue was about one and one-half inches long, and extended about one-quarter across the tongue at its widest part. Its posterior extremity was yet well within reach.

On the 27th of November, I operated. Five of my professional brethren were present, and kindly lent me their assistance. The patient was placed on an extension chair, in a half-reclining position, and etherized. This took considerable time and was effected with difficulty. As soon as partial anæsthesia was established, the jaws were separated by a gag and the mucous membrane of the mouth and attachments of the genio-hyo-glossus detached. A stout cord was next passed through the anterior part of the tongue, and it was drawn well forward. This allowed a compressing forceps I had made for the purpose, to be passed wholly behind the morbid tissues. These forceps were bent at right angles laterally. The blades were broad, grooved and provided with teeth and corresponding holes. When placed and compressed, slipping was impossible, and hemorrhage entirely prevented. A stout needle, to which was attached the thick wire of an ecraseur, was now run through the tongue, from below upwards, at a point internal and posterior to the edges of the altered tissue, and about one-third of an inch externally from the site of the ranine artery. A nick was made at the side of the tongue opposite, and the chain confined between the forceps (already described) and needles run through the organ.

The patient was now made to incline forward and etherization sufficiently suspended to make him retain that position. The ecraseur was set to work, thirty seconds being allowed between each click of the instrument. The severance of the tissue being completed, the forceps were removed, and no hemorrhage of any importance being present, the diseased portion of the tongue was seized and drawn outward by the vulsellum, and, so to speak, fenced off by needles placed beyond or nearer the median line than its margin. The tongue was then seized, still beyond these, by the forceps, as described before, and the chain of the ecraseur made to work between the needles and edge of the forceps, in the same manner as for the transverse section. All went on successfully, and the forceps having been removed, very slight hemorrhage was present, which was speedily suppressed by the use of ice.

He was now allowed to completely recover from the effects

of the anæsthetic, and was made to suck ice and retain a position that precluded the passage of blood backwards. His wife having entered the apartment he assured her he felt well. All my professional friends having remained about an hour and a half after the operation, three of them now felicitated me on success, and withdrew, two remaining, to render any further assistance I might require. At this period, the patient's pulse was good, consciousness perfect, no hemorrhage perceived, and all present considered he was out of danger.

About two hours after the close of the operation, learning that the piece of tongue that had been removed, and which I was very desirous of examining microscopically, had been thrown away by mistake, I went out in search of it, and, after some futile attempts at its recovery, returned. During my absence, the patient was in charge of two physicians, who carefully made him incline forward, and now and then administered ice. When I returned, he appeared in good condition — pulse regular and not remarkably feeble, and no hemorrhage. We accordingly prepared to put him to bed. It appears that before the operation he had boasted that he would get up, when all was over, and walk to his bed alone. He started to carry this resolve into execution, suddenly, and before we had time to restrain him. While doing so he staggered and fell. We quickly lifted him into bed, applied ammonia to his nostrils, ran a finger into his throat, to extract any possible clots, but all these measures were useless, for our patient was dead.

What was the immediate cause of death? As an autopsy was refused, it must remain a matter of conjecture. Was there slow hemorrhage, the blood being swallowed in spite of all our precautions, and unknown to any of us, or to the patient himself? Was there a clot that suddenly closed the rima-glottidis, causing suffocation? or was it that his abruptly assuming the erect position and attempting to walk, brought on a syncope, from which his aged and, no doubt, degenerated heart could not rally? At all events, he expired with very inconsiderate precipitation.

With a view to the prevention of hemorrhage, I had proposed to tie the lingual before the operation, and I would have done so, were it not that I feared, that at the age and with the peculiarities of my patient, to prolong the state of anæsthesia, and duration of the operation might be dangerous. Dr. G. F. Shrady, in the XIVth volume of the Medical Record, reports a successful case, in which he tied both linguals, before removing the tongue for epithelioma. The operation was perfectly bloodless. In the same volume of the Record is reported a case by Dr. Joseph W. Howe, in which the same procedure

was adopted. All progressed with great success, until the seventh day after the operation, when the patient died, suddenly, from hemorrhage from the wound. Autopsy showed that the artery of the right side had sloughed from its point of origin, at the external corotid, to a couple of lines beyond the point where the ligature was attached. The artery on that side was irregular in its origin, from the carotid, being given off about an eighth of an inch higher up than on the left side, and the detachment of the tissues surrounding the artery, consequent on more prolonged dissection (at the advanced age of 70), is assigned as the cause of the catastrophe. In ligaturing the linguals, preparatory to the operation, Dr. Shrady advises that the ligature be placed, *not* in the digastric triangle, the *ordinary* seat of election, but *outside* it, near the *origin* of the artery, and *before* it gives off the dorsalis lingual, so as to cut off the supply of blood from the *base*, as well as the body of the tongue. Experience has shown that sufficient space exists between the ligature and external carotid, on the *one* hand, and the dorsalis lingual *on the other*, to prevent hemorrhage. It has been claimed in favor of this method, that the cutting off of blood from the tongue, or its remnant, thus secured, prevents, or delays, the recurrence of the morbid growth. I believe that, were I to operate again, and intended to remove a large portion of the tongue, I would adopt this precautionary measure against hemorrhage.

ANNUAL ADDRESS.

THE SCIENTIFIC VALUE OF A MEDICAL SOCIETY.

BY JOHN M. BIGELOW, M. D., PRESIDENT.

Mr. Vice-President and Members of the Society:

Another year has cycled the existence of our society, and in accordance with usage and the requirements of the by-laws, it becomes my duty to detain you for a few moments, to congratulate you upon the continued prosperity, the increased interest and the great usefulness of our organization, and to suggest a few reasons why the members of our society should sustain and perpetuate it.

The primary object of our society — as indicated by its charter — is the regulation of the practice of physic and sur-

gery within this county, and in addition, by the interpretation of the by-laws, "the conduct, at stated times, of such exercises as should contribute to the reception and collection of information on different subjects relative to medical science." To this end, "a medical dissertation" was "to be handed into the society at each quarterly meeting by one of its members," and "each member shall write his dissertation in alphabetical order."

From these regulations, thus early instituted, has sprung up our more recent and frequent meetings with the presentation of papers, and discussions on various medical topics.

One man alone cannot individualize the race. "No one is free save Jove." In these apothegms there is often much philosophy. In every stage of life, from the helpless infant to the dependent octogenarian, he must reach out of and beyond himself for means of happiness. Physical, moral, mental development cannot be effected, to any wholesome degree, alone, in ascetic solitude. Neither great aims nor common comforts can be realized without the co-operation and companionship of others.

The education, the building up of the mind, is a daily pursuit; insensibly the ideas of other men — events, conditions — impress us. As the body gains and loses, as waste and repair hourly take place within us, so the mind is ever forgetting and receiving, letting slip and retaining. Locke well remarks, "The natural, mental characteristics of men are as various as their faces," and we may infer that their mental furniture is as different. The comparison of mind with mind, the attrition of diverse mental organizations, moulds, modifies, improves the thinking man. Stewart says, "The reciprocative interchange of experiences and acquisitions, enlarges the capacity and enriches the understanding of all who engage in this intellectual traffic."

"For mutual improvement and the advancement of medical science" is the sterling clause in the charter of the London Medical and Chirurgical Society. Such names as Brodie, Cooper, Abernethy, Paget, and Lister are among the originators and supporters of this important assembly.

In these days when thought is so active and catholic, when the journals are pregnant with new theories and novel presentations of old and recognized diseases and methods, when we have so many thinkers and earnest workers, there is an imperative necessity on the part of medical men for association.

The profession of medicine is one of the most powerful stimulants to mental effort, and calls forth constantly the full exercise of the mind. To honestly cultivate a thorough acquain-

tance with the human body, its healthful conditions as well as its multitudinous maladies, the conscientious physician, keeping abreast of the times, requires absorbing, incessant study. His decision, often fraught with life or death, is the outgrowth of a logic and judgment and extended study, second to none exercised in any other profession. "Cave ab homine unius libri." Surely one who has consumed years of patient study in the accumulation of facts already proven, in unlearning theories shown to be false, in the discovery of new phases of disease and their confident solution, can, in the course of an hour, unfold a volume of information and experience — the legitimate outcome of tedious assiduity and long-continued labor.

To the Medical Society, thus being brought the collects of each member, their aggregates are larger, and a community of interest is awakened. A well-attended medical association makes a strong impress upon the personal character of its attendants. It compels thought, creates a desire for culture, calls forth originality, and saves the physician from being a theorist and therapeutic nihilist on the one hand, and a routinist and empiric on the other.

The object of a living, healthy society is the reception and imparting of useful knowledge. In the Grecian schools of philosophy, oral instruction was the chief method. Careful reading and a strict observation of cases go far to educate the individual, but he gets a better grasp of the knowledge thus acquired, besides making it of practical benefit to others, by imparting it to his fellows. Knowledge is power, but accumulated by few and retained by them alone, is scarcely available for the less studious or less favored. The press does much for the dissemination of such acquisitions, but if the thoughts are first presented to thinking, well-informed, debating men, met together — not alone, as listeners — but for purposes of comparison of ideas and registering experiences, "impressions will be made, thought excited, errors corrected, and truths confirmed by the action of different minds." Does not the confinement of ourselves to the toil of practice alone beget intellectual hebetude and selfishness? Do we not lose valuable stimuli to self culture, and warp those broader professional aspirations which all should have?

Dr. Humphrey, president of the British Medical Association, has wisely observed, "This work, the work of collective action, *the pull together* of the members of the profession, had been too little attempted, or if attempted, had been productive of too little result. It is, perhaps, the only work in which all or a large part of the members can really and fully participate,

and to which each can contribute a mite. It is almost the only way in which questions relating to the effect of temperamental, climacteric and topographical agencies upon disease and many others can be fully investigated and solved. To engage members as participators in any division of such work, would prove one of the most powerful inducements to the cultivation of observation and thought respecting the mass of facts which are passing, now too often unnoticed or unheeded, before their eyes." Dr. Batchelder, in his address, also emphatically remarks: "The duty which immediately grows out of fellowship is that of attending punctually all the meetings of the Academy. If *one* stays away without adequate reason, another, and indeed all, may do the same. And it is furthermore at least an implied duty, that every one should be on the *qui vive* for facts which relate to the science or practice of the healing art. These he is bound to gather up and bring into the Academy for the good of all."

During the last year, aside from the annual and semi-annual meetings, eleven intervening meetings have been held, wholly devoted to the reading of twenty-four papers on medical topics, with discussions thereon, and to the presentation of nine pathological specimens, with the subsequent reports of the committee on pathology. Of the topics presented, not a few have already found their way into leading medical journals, and from their character we may safely predict a larger and more interesting number in the future.

To secure, if possible, a greater interest and to invite greater freedom of discussion as well as to offer a ready means of furnishing the members of the society the past records, a publication of the proceedings of the society was determined upon during the early part of the winter of 1879. On February 1st, 1880, the first number of the "Journal of the Medical Society of the County of Albany," under the title of "THE MEDICAL ANNALS," was issued. The occasion or origin of this undertaking is best stated in its prefatory editorial: "In 1864 the transactions of the society, from its beginning in 1806, to 1851 were published; six years later a second volume was published, bringing down the printed transactions of the society to 1870. Ten active years have elapsed, accumulating material enough to make a volume larger than either of these, much of which has been of interest enough to find a place in various medical journals. Instead of printing this volume at once, it is proposed to issue it in parts, for which other societies furnish us precedent. In connection with this, the current minutes will be printed. This is the paramount object of the peri-

odical." To these are added with each issue items of local and of general interest — especially pertaining to the medical profession.

The propriety of establishing a local medical journal has been for some time discussed by many of the members interested in the growth and strength of our society; for, as is well stated, "Albany, with a population of nearly 100,000 (the cities of Troy and Cohoes being closely adjacent), containing several hospitals, a Medical College, whose graduates number 1,500, a large Medical Society, and having no similar accumulation of favorable conditions nearer than the extreme south and west of the state; while to the north and east its range is still greater, Albany might reasonably be the place for a local medical journal." That such a journal "may stimulate the profession of this locality, that it may gather a good deal that otherwise would be lost, and find a legitimate home place, without usurping at all the work of more pretentious journals," is the earnest expectation of its best friends. The committee appointed to supervise and conduct its editing and management deserve great credit for the thorough and excellent performance of their task, and believing that a perusal of the numbers already issued will fully confirm their anticipations, and present in a compact, easily-accessible form, the work of the society, we confidently commend the continued support of the members and of the profession, to this laudable undertaking.

Since June, 1880, a new law, regulating the licensing of practising physicians and surgeons in this state, has been enacted. The vital section of this law is the *second*, which provides for the registration of all who now are, or may become, legally qualified to practice medicine and surgery. A compulsory registration is the most feasible method of distinguishing between the legally qualified medical practitioner and the quack. The legal qualifications are so simple and plain, as shown by section five, that no excuse can be offered for any misunderstanding, nor, in the words of Dr. Shrady, "can any one complain that the standard of requirements is not within the reach of any ordinarily educated practitioner." In another's words, "the whole aim" of the law "is so clearly in the interests of the people at large, that it can hardly fail to become popular with outsiders, as it already appears to be with the profession." I would also call your attention to the fact that since the enactment of this law the power of licensing to practice medicine is taken from all societies, and exists now only in the Board of Regents and in incorporated medical colleges.

Since the last annual meeting eleven members have been

added, so that at the present time our total number of resident members reaches 134.

Death, our common and relentless enemy, has made sad havoc within the last twelvemonth—

Dr. Edward R. Hun died suddenly March 14th, 1880, a physician of brilliant attainments, liberal culture, high social position, possessing a most kindly and loveable disposition. He leaves a place few can fill.

Dr. Charles A. Robertson died April 1st, 1880. Of a strong and positive mind, generously trained, and unusually rich in mental possessions; in heart, warm and genial, intensely loyal to his friends and unyielding in his convictions, he stamped his individuality on the profession and on the community. His like will seldom be found.

Dr. Warren Van Steenburgh died May 3d, 1880. Although unknown to many of us by reason of delicate health, yet to those who were acquainted with him, his loss will be the personal bereavement of a friend, and to the society of an esteemed member.

Dr. J. V. Lansing died May 9th, 1880. An habitual student, of great force of character, a man of large and varied scientific acquirements, unusually skillful in diagnosis, and greatly esteemed by the profession, his untimely death by accident "cut short the promise of many years of active usefulness."

Dr. Staats Winne died May 30th, 1880. Modest and retiring, yet a close and accurate observer, he endeared himself to his professional friends by his confiding nature, and to his patrons by painstaking, constant care.

Dr. E. B. O'Callaghan, L. L. D., died May 29th, 1880, a non-resident member at the time of his death. He was treasurer of this society from 1843 to 1846.

Dr. Levi Moore died June 30th, 1880, after a long and peculiarly distressing illness, the result of overwork. His careful and attentive loyalty to his patients, his unusual success, his ready sympathy and rare judgment secured him the respect and love of all who were well acquainted with him.

Dr. Daniel Wasserbach died September 11th, 1880. He was one of the oldest and most respected members of our society, and in the years gone by enjoyed a large and lucrative patronage.

Of such men we may well say: May their good deeds beget greater devotion and a larger humanity in our own hearts.

"Vitæ summa brevis spem nos vetat incohare longam."

EDITORIAL.

THE ANNALS NEXT YEAR.

With this number ends Volume I of The Medical Annals. The work of starting it and conducting it through the year has been constantly mixed with pleasure to its managers. It began as an experiment. Like a young practitioner just commencing, it hardly knew even the place it was to fill or the direction it was to take. The year has been constantly experimental; changes have been introduced with almost every number; this is most readily seen by comparing this number with the first. It had to suffer from the inexperience of its parents—it was our first. Born, christened and now a year old, in a fair state of health and having a good number of perhaps too partial friends, it congratulates itself on its good fortune hitherto, and gives its hearty thanks to all who have helped it along.

But we are not about to say good-bye to our patrons. On the contrary we want to tell them how nice we are going to be next year. First, then, the Annals will be issued *monthly* next year instead of bi-monthly. For many reasons: we want readier communication; news items, College notes and Alumni news and all such things will be fresher; the journal will be more acceptable, it will have a more usual regularity of issue. While it will have fewer pages, by using a smaller type the amount of material in each number will not be very much less, and for the whole year it will be much more. The "old proceedings" will probably be given less space than now. We expect to have, during the year, articles of value from outside the Society. We shall try to make more of the hospital experience hereabouts. We anticipate reporting, occasionally, State Board of Health matters, their headquarters being here.

And, finally, we intend to do this without raising the subscription price, which must be conceded as unprecedentedly generous.

But we rely on getting many new subscribers, and we shall count on retaining every one of our old ones. Shall we not? To carry out all our good intentions we shall need the help of

every one; a trifle to the individual amounts to a fortune to the ANNALS.

President Bigelow, in his annual address, printed in this number, speaks of the value that a medical society may possess. Undoubtedly some of the most valuable material in the journals now is the Society discussions, and journals are giving it more and more space. This sort of matter is just what we intend mainly to print. But to be of value, two things are requisite — the papers must be prepared with thoughtful care, and listeners must be ready for their discussion. We wish to do our best to convince readers outside of Albany of what we know is true, that there are plenty of men here able to present and discuss with intelligence, and profit topics of medicine. THE ANNALS urges this with some view to its own benefit and in so far as its aim is good, we shall look for support, both literary and pecuniary.

THE MEDICAL ANNALS extends its congratulations to its near neighbor, the *Cultivator and Country Gentleman*, on its having reached its semi-centennial. Under the editorial management of the Messrs. Tucker, now in the second generation, it has no superior in its department. It is devoted to an interest that is older than our own can claim to be, and which has engrossed the attention of some of the best of men. There is no doubt that agriculture is constantly advancing in scientific and exact knowledge and to nothing is this due so much as to its journals, which compose the bulk of its literature. Fifty years have made a great change in this potency of journalism. The *Country Gentleman* has a scientific tone, yet is full of information in common-place things, and we prize it highly among our exchanges. We wish it an increasing success for the next fifty years and only hope that we may ourselves attend its centennial.

We are under obligations to Dr. Elisha Harris, Secretary of the State Board of Health, for several valuable publications. Among them we find "*Model Sanitary Regulations*," orders and regulations that may be adopted by local boards of health. They have evidently been prepared by one who has made a careful study of the subject, and are accompanied by a report on the legal aspects of sanitary legislation, and the organization and powers of local boards of health, by Attorney-General Ward. We also notice "Hints for Preventing Diphtheria," "Manual of Laws Relating to the Public Health," etc. We expect to have space during the coming year to refer from time to time to the work of the State Board of Health.

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

Dr. R. D. CLARK introduced the subject of—

FRACTURES OF THE SKULL.

He related the following case: Day before yesterday a man, aged twenty-four, fell eight feet, striking the top of his head. No bruise could be found, but the man was unconscious. There was bleeding from the left ear, and sero-sanguineous dies charge from nose and mouth; pupils contracted, but responsive to light; pulse strong, 78; breathing not stertorous. Next day was conscious, and complained of pain in the head: pulse 104. Dr. W. H. T. Reynolds had examined the ear, and found the membrana tympani ruptured. To-day he complained of a heaviness in the head, but was walking the street staggering, perhaps from drink.

Dr. S. O. VANDERPOEL, jr., mentioned a case of a man who had been unconscious after injury to the head, but on the second day was walking about the ward. His gait was unsteady, and there was slight cerebral disturbance. On the fourth day he was taken with hemiplegia and died in four hours. A fracture was found at the base of the skull, and near it a small black clot, and surrounding it a large recent clot.

Dr. W. H. T. REYNOLDS: I examined the ear of Dr. Clark's patient, and found that the man could hear a watch at the distance of an inch.

Dr. A. T. VAN VRANKEN: While I was resident at the Albany Hospital, a piece of pig iron fell on the head of a laborer, at the water works on Clinton avenue. He walked to the hospital. Dr. Armsby could detect no fracture. The man walked about the ward for two and a half days, and died on the third day. Fracture was found at the base of the skull.

Dr. WM. GEOGHAN: Bleeding and serous discharge alone, are not, by good authority, considered conclusive evidence of fracture of the base of skull.

Dr. WM. HAILES: A man fell twenty feet, striking the left side of his head and producing extensive fracture of the side and base of the skull. There was discharge from the ear of sub-arachnoid fluid, and of brain tissue, and a small portion of a convolution was found in the man's hair. At the end of the second day facial erysipelas appeared and extended to the scalp, which was

regarded as a favorable means of counterirritation, by Dr. McNaughton. He recovered after a time, his memory of past events being impaired, and he also had labio-glossal paralysis.

Dr. N. L. Snow: A fracture at the base of the skull without displacement, without the laceration of a blood vessel, and not accompanied by injury to brain substance, should not, of itself, prove necessarily fatal. I think I have seen cases of this kind that have recovered. Fracture of the base, from force to the top of the head may result from counter pressure of vertebræ, as well as from contrecoup. I saw such a case a year ago, the atlas being also fractured. During the past two years I have trephined in three cases in which there was oozing of brain substance, one of which recovered.

Dr. M. J. Lewi: A man had his head jammed between two cars; there followed ecchymosis over the right eye, bleeding from the ears, paralysis of bladder, rectum, etc. The man recovered after seven days.

Dr. F. Townsend: The prognosis in bleeding from the ears is not as bad as is often thought. A man fell on the back of his head in front of my office; he bled from nose and ears; he was not unconscious. He soon had repeated convulsions, followed by hemiplegia. Diagnosis of fracture at the base was made. Prognosis unfavorable. He eventually recovered. In this case the man was conscious while the extravasted blood found exit; but when its external escape was prevented, symptoms of danger developed.

Society adjourned.

LORENZO HALE,
Secretary.

STATED MEETING.

A meeting was held in Alumni Hall, on Wednesday evening, April 28th, 1880. Present—Eighteen members and four visitors.

Dr. O. H. E. Clarke, of Cohoes, reported a "Case of Operation for Epithelioma of the tongue," and "An Unusual Case of Ranula." The papers were discussed by Dr. Townsend and the President.

Dr. R. D. Clark gave the history of a case of exopthalmic goitre, and exhibited the pathological specimens of the case.

Discussion was participated in by Drs. M. J. Lewi, Geoghan, Townsend, and O. H. E. Clarke.

Dr. Franklin Townsend read a paper on "Some Considerations on Uterine Congestion."

After discussion, the Society adjourned.

LORENZO HALE,
Secretary.

SEMI-ANNUAL MEETING.

A Semi-annual Meeting was held in Alumni Hall, Albany Medical College, May 11th, 1880, at 3 o'clock P. M.

The minutes of the annual meeting held October 14th, 1879, were read and approved.

The President announced the intelligence of the death of J.V. Lansing, M. D.

On motion of Dr. W. G. TUCKER, it was resolved that the President name a committee to draft appropriated resolutions, and that a special meeting of the Society be called on May 12, at half past two o'clock, with reference to the death of Dr. Lansing. The President appointed as such committee Drs. W. G. Tucker, G. T. Stevens, A. Van Derveer, W. Hailes, jr., and H. R. Haskins.

The Censors reported favorably on a number of applications for membership.

The Committee on Registration made a report, signed by all the committee, recommending the printing, by the MEDICAL ANNALS Committee, of the list of members and their office hours, and its free distribution to each member—the expense to be met by the Society. After discussion the report was accepted, and on motion, the recommendations of the report were adopted.

After discussion by Drs. Beckett, Ward and others, in regard to election of members, on motion by Dr. Ward, the Secretary cast the ballot of the Society for Drs. T. P. Bailey, D. C. Case, A. P. Casler, G. E. Elmendorf, J. W. Gould, L. B. Hoit, F. J. Merrington, S. R. Morrow, M. R. C. Peck, J. J.White and T. D. Worden, who were then declared to be elected to membership.

The Society then proceeded to ballot for a nominating committee, and elected Drs. F. C. Curtis, D. H. Cook, J. W. Moore, H. I. Fellows, T. Beckett, J. S. Mosher, L. Hale, J. B. Stonehouse, and N. L. Snow.

Vice-President B. U. STEENBERG then delivered the semi-annual address, on "The Treatment of Biliary Calculi. [Printed in the October number.

A vote of thanks then followed.

Society adjourned.

LORENZO HALE,
Secretary.

ANNUAL MEETING.

The seventy-fourth annual meeting of the Medical Society of the County of Albany was held October 12th, 1880, at 3 p. m., in Alumni Hall, Albany Medical College.

Present—President J. M. Bigelow, Vice-President B. U. Steenberg, and a total of seventy-two members.

The minutes of semi-annual meeting of May 11th, 1880, were read and approved.

The Treasurer, Dr. G. L. Ullman, reported a balance in the treasury, October 11th, 1879, of $74.73; subsequent receipts, $224.68; total, $299.41; total expenditures, $163.67; balance on hand, $135.74.

Dr. Jno. Ben. Stonehouse, chairman of the Committee on Registration, reported that all members elected at the last annual and semi-annual meetings had completed their membership by signing the Constitution and By-Laws. Report accepted.

Dr. Albert Van Derveer, chairman of the Committee on Pathology, stated that the committee had several specimens, upon which they would report at a future meeting.

Dr. W. H. Bailey and Dr. T. K. Perry, from the committee to canvass for the sale of volumes of "Transactions of the Medical Society of the State of New York," each reported progress. Reports accepted and committee discharged.

Dr. F. C. Curtis, Secretary of Board of Censors, reported that Daniel Fegan, of Queen's College, Dublin, 1870, and John T. Keay, of Albany Medical College, 1879, were recommended for membership. Report accepted.

On motion, the secretary cast the ballot for the Society electing to membership Drs. Daniel Fegan and John T. Keay.

Dr. F. C. Curtis, chairman of the Committee on Publication of the Medical Annals, reported progress in the work. The journal has been enlarged from its first number and the committee proposed issuing it monthly next year. They had also found it desirable to make it something more than simply a society journal. They requested the indorsement of the society individually.

Report accepted.

Dr. Elisha Harris, chairman of the State Board of Health, was introduced to the Society by Dr. S. O. Vanderpoel, and invited to take part in the proceedings.

A letter from Mrs. Robertson was read to the Society, presenting a portrait of her husband, the late Dr. C. A. Robertson.

Dr. S. O. Vanderpoel moved that the Society accept the gift with pleasure, and that a letter of thanks shall be sent to Mrs. Robertson. Unanimously carried.

President John M. Bigelow now read the annual address.

On motion of Dr. A. Van Derveer, a vote of thanks was tendered the President for the address.

After some discussion on the subject of the "Registration Law," referred to in the address, the Society proceeded to the election of officers with the following result:

President, A. Shiland; Vice-President, William Hailes, jr.; Secretary, Lorenzo Hale; Treasurer, G. L. Ullman; Censors, W.

N. Hays, J. Lewi, H. March, A. Van Derveer, S. B. Ward; Delegates to Medical Society of the State of New York, J. D. Featherstonhaugh, T. Helme, J. W. Moore, E. Van Slyke; Delegates to the American Medical Association, E. A. Bartlett, L. Boudrias, R. D. Clark, P. B. Collier, T. Featherstonhaugh, William Geoghan, J. U. Haynes, P. J. Keegan, L. T. Morrill, F. G. Mosher, S. G. Shanks, F. Townsend, jr., S. O. Vander Poel, jr., Harriet A. Woodward.

Society adjourned.

LORENZO HALE,
Secretary.

College and Alumni Notes.

The graduating class will number over fifty members. They have chosen the following officers: President, A. A. Caldwell; Vice-President, Nelson Everest; Secretary, Ira Harris; Treasurer, Menzo B. Mattice; Editor, Fayette E. Sly; Historian, C. A. Chaloner; Orator, J. H. Mitchell; Poet, W. C. Spalding; Valedictorian, Frank P. Johnson; Essayist, C. M. Culver; Marshal, M. E. Nellis.

Dr. Edgar C. Collins, '80, of the Columbian Institute, New York City, was married, August 18, to Miss Emma J. Alger, by Rev. C. F. Deems, D. D.

The Executive Committee of the Alumni Association met Friday, December 10. The following gentlemen were nominated by the Historian and confirmed by the committee as Class Historians: Dr. Jos. L. Wever, of Leavenworth, Kansas, for class of 1852; Dr. Herman Bendel, of Albany, for class of 1862; and Dr. J. Stuart Hill, of Elmira, N. Y., for class of 1872.

Alumni who have not as yet paid their dues ($1.00) for 1880, are requested to forward them as soon as possible to Dr. G. L. Ullman, treasurer, 71 Central Ave., Albany, N. Y.

BOOK NOTICES.

Walsh's Physicians' Handy Ledger, and Walsh's Physicians' Combined Call Book and Tablet. Published by Ralph Walsh, M. D., 326 C Street Northwest, Washington.

This ledger is well known to the profession. It is better adapted to its purpose than any we have seen of the so-called physician's ledgers. The Call Book contains the usual call list and memoranda.

On the Use of Sulphur and its compounds in Diseases of the Skin; by L. Duncan Bulkley, A. M., M. D.

This reprint from the Archives of Dermatology is, like every thing from the pen of this gifted author, worthy of careful consideration by the profession.

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